

# Her Healing Heritage...



Community Health Cell  
*Library and Documentation Unit*  
BANGALORE

# HER HEALING HERITAGE...

Local Beliefs and Practices  
Concerning the Health  
of Women and Children

A Multi-State Study in India

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A collaborative effort of LSPSS (Lok Swasthya Parampara Samvardhan Samiti), Coimbatore and CHETNA (Centre for Health Education, Training and Nutrition Awareness), Ahmedabad

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**Lok Swasthya Parampara Samvardhan Samiti, LSPSS**, based in Tamil Nadu, India is a network of individuals, groups and organisations committed to the cause of revitalisation of the indigenous systems of health care that exist throughout the country.

LSPSS undertakes surveys and documentation, create centers for training, research and documentation and institute fellowships and grants for folk practitioners. It establishes active networks and encourages policy studies and makes recommendations for implementations, assists in establishing herbal gardens, designing and dissemination of education materials. A bi-monthly *Jeevaniya* and a quarterly news letter are brought out which serves to link various field groups and members.

**Centre for Health Education Training and Nutrition Awareness, CHETNA**, based in Ahmedabad, Gujarat, India is a support organisation. CHETNA's mission is to assist in the empowerment of disadvantaged women and children to gain control over their own, their families' and their communities' health.

It involves sensitising and building capacities of health-worker, trainers and other health personnel in Government agencies and NGOs. In turn, CHETNA's trainees impart health and nutrition skills to community health workers, emphasising preventive and promotive aspects.

CHETNA executes its activities through the Child Resource Center-CHEITAN and Women's Health and Development Resource Centre, Chaitanya.

The information collected in this book belongs to indigenous communities in India, and is meant for the benefit of women and children. Anyone may use parts of this book without permission for community benefit and without commercial gain. CHETNA and LSPSS request acknowledgment and a copy of such material produced.

It is hoped that readers will send responses and suggestions. Especially, please send all inquiries regarding regional language translations.

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## PREFACE

A large part of India's post-independence efforts to facilitate socio-medical development have been hindered by what is perceived as an acute dearth of resources of all kinds. This perception of resource shortage has had such a debilitating effect on all our thinking and planning that, even at the level of conception, most of our plans for development never looked bold and courageous. Even after fifty-five years since independence, efforts to provide a clean environment, good food, safe water and health-care to all our population have not succeeded. The health care system could not be adequately extended for want of funds to invest in infrastructure, drugs, vaccines, etc. Medical education is beset with problems due to lack of sufficient number of trained teachers, teaching schools and so many other basic requirements. It therefore appears that any further expansion of our socio-medical plans is nearly impossible for lack of resources. Our plans to substantially raise health standards critically depend on resources external to India, from the World Bank and the like.

Connected with our current image of what comprises resources for development is the belief that health services can be improved only with modern synthetic drugs, big hospitals and sophisticated western technology. Pinned down under such an assumption it is quite clear why 'Health For All' may be unthinkable. But this no-win picture can be turned around if only we open our minds and our plans to the huge number of traditionally trained health workers and to the proven medicines, methods and principles of health care indigenously evolved in our own society. In this scenario, the position of resource scarcity on the health care front may not appear as barren or unsheltered as it seems at present.

We work within a limited set of western models and methods, which have proven insufficient to the task of 'primary health care'. Clearly, the real scarcity at planning level is of creative ideas and imaginative vision inspired out of our own people's experience and cultural strengths, instead of borrowing from outside.

There is an enormous variety of knowledge, means, methods and skills among our people, who have given rise to one of the longest unbroken medical systems of the world. If we learn to draw on this resource in our

policies and health programmes, we can contribute constructively towards Health For All.

*In a nutshell, we have laboured under the yoke of 'resource scarcity' largely because we forgot about the vast indigenous and traditional resource base in people's hands.*

This book attempts to convey a picture of the kind of resources that our people possess in just one sphere - the health of women and children, particularly related to child-bearing. The study has drawn information from diverse social domains and geographical regions of India. It gives a feel of the breadth, depth and quality of our country's indigenous traditional resources.

It is important for readers to know that traditional medicine in India flows through two streams, the folk (*lok*) healing traditions and the classical (*shaastric*) medical systems.

The folk stream functions in the villages of our rural areas. This is the most popular level of practice of Indian health systems. Tributaries of the folk stream a flow among diverse ethnic communities and in all ecosystems throughout the country. We have one of the richest collections of ethno-medical traditions in the world, distributed from Ladakh in the icy trans-Himalaya ranges to Kanyakumari in the deep south and from the dry western ghats and deserts to the rich vegetation of the north-east hills. So, folk streams are diverse and deep, having evolved over years and years from the local needs, bio-resources and culture.

According to the Anthropological Survey of India, there are 4639 different ethnic communities in India. In principle, there could be equally many eco-system-rooted folk medicine streams.

Millions of households practice home-remedies and have sound knowledge of local foods and nutrition. Over six hundred thousand *dais* (traditional birth attendants) manage over ninety percent of rural child-births even today. There are estimated to be around sixty thousand traditional bone-setters in the villages of India. This means a distribution of one bone-setter for every cluster of twenty-five villages or so. There are other traditional 'specialists' in the folk stream in areas like eye diseases, mental

disorders, dental problems, snake bites, skin and respiratory conditions. British archival records of the 18th century document that a community of potters (*kumbhars*) of Pune District performed reconstructive plastic surgery of the nose.

The folk stream works in a highly decentralised manner, and relying upon local resources it has a strong heritage of self-help. Local health traditions are autonomous and entirely community supported. Even today they possess a power and potential for enabling our villages and towns to become self-reliant in primary health care. They can teach us and guide us to use immediately available local resources - flora, fauna and minerals. But the human onslaught on this natural, life-sustaining resource has endangered the existence of numerous plant species.

We hope that the partial picture of resource availability conveyed in this book will be of interest to many and will be able to correct the western ethnocentric outlook of our health policy makers and planners in our Government. No longer must we remain ignorant about the existence of this popular cultural heritage.

The second level of our medical heritage is the *classical* or the *shaastreeya stream*. *Shastreeya* systems of medicine are highly developed, codified and organised with distinct epistemological and theoretical foundations and sound methods, dealing with all aspects of medicine and surgery. Thousands of manuscripts exist in sanskrit and other regional languages which can guide a serious student of the *shaastras*. The classical stream currently contributes to management of all systemic diseases from respiratory and cardiovascular disorders to immune system disorders and cancers, as well as promotion of health and prevention of diseases.

Enough evidence shows that there exists a symbiotic relationship between the folk and the classic medical cultures. This is relevant to the issue of validation of local health traditions.

When anyone considers local health beliefs and practices, questions naturally and invariably comes up • Are they sound? • Are they rational or logical? • Are they effective? These questions pose the problem of validation.

Local traditions are of empirical or experiential nature, carried orally

by human generations. They do not constitute a formal knowledge system. To formally validate any such empirical knowledge, there could be various ways.

One could consider a practice validated on the basis of empiricism alone. For example, if thousands of people confirm a particular experience, it might be taken as valid. Or if several different regions confirm the experience, again it might be seen as validated.

Another way is with the help of indigenous formal knowledge systems, like the *ayurvedic*, *siddha* and *unani* systems in our country. In this study we are using *ayurveda* (the 'science of life') to try and validate many local health traditions concerned with mother-and-child health care. We think this is a reasonable approach, as the folk stream and *ayurveda* are known to have symbiotic relationship and have both evolved out of the cultural diversity of India. It does not mean that they are one, or that both are not autonomous in their own ways. It means that *ayurveda* can use its shaastric principles to help evaluate LHT because they share the same bio-resources and many basic concepts and categories.

Almost all the fundamental terms used in *ayurveda* are also used in the local health traditions, like *madhura* (sweet), *ushna* (hot), *sheeta* (cold), *vata-pitta-kafa* and so on. Some of the methods of preparing medicines are often similar. Most if not all of the basic concepts of the *lok* traditions are contained in the *ayurvedic* framework.

If we attempt to validate local traditions in this way, it will enable a fair judgment, or at least a better understanding, of a practice and its rationale from the view-point of *ayurveda*. Otherwise, from an alien system's point of view, many local traditions would appear bizarre and meaningless, and effectivity would be ignored.

Some common example substantiate what we are saying ...

The medicine to relieve common cold and cough is same in both *ayurveda* and *folk* traditions - fresh or dry ginger to be used with honey.

*Ayurveda* explains that both ailments arise mainly because of increased or vitiated *vaayu* and *kafa*, due to 'sheeta guna' (cold). Substances which are warming and reduce *vaata* and *kafa* are desirable as medicine for

these conditions, like ginger and honey, separately or in a combined form. This is a sound and safe treatment from the *ayurvedic* view-point, and it is also inexpensive.

Leaving aside treatments, the *lok* traditions have measures to prevent various diseases and also to promote health in a positive sense, especially during pregnancy, after child-birth, and during a woman's monthly cycle. Most of these are easily understood and explained in principle by *ayurveda*. Also, a variety of diagnostic forms are found in the *lok* traditions which are linked to *ayurveda*, like *naadi pariksha* (pulse examination), *mootra pariksha* (urine examination) and *garbhini pariksha* (examination of a woman who is pregnant).

The fact that there are more than twenty-five texts on *naadi pariksha* gives an idea of the vast depth of ancient Indian medical knowledge systems. Despite possessing such a wealth of knowledge the great physician, teacher, philosopher and writer of ancient times, *Maharishi Charaka*, humbly stated,

*"A vaidya who comprehends the principles of dravyaguna (similar to *materia medica*) would discard treatment if not wholesome to the sick in a given situation, even if it is advised in the *samhitas*. Depending on the eco-system of the place, he would adopt other treatments that are wholesome to the sick person, even if they do not find a mention in the texts."*

Let us bear in mind this outlook of *Maharishi Charaka*.

As modern medicine, too, is a formal knowledge system, we could also use its' methodology to try and evaluate local health traditions. However, the difficulty is that concepts of modern medicine differ greatly from the concepts of health and disease known within the *lok* traditions. Hence, it is rather difficult to apply modern medicine for validation.

For evaluating effectivity and safety of 'drugs', modern medicine demands rigorous scientific research and clinical trials of single chemical agents which may be isolated from plants. This involves high cost. Over 7500 species of plants are reported to be in use locally all over India. How many could be researched and validated, and at what cost?

The question would still remain, is it really helpful? Western 'scientific' research picks up only parts of non-western practices which seem to fit

within its' own parameters. Out of a complex living herb, it extracts single dead ingredients which are supposed to be 'active'. This kind of attempt often ends in the addition of a 'Newdrug' to the modern pharmacopoeia, rather than validation of remedies and encouragement to the local people's health traditions.

Despite the widespread prevalence of local health traditions and their comprehensive nature, at present they are in a relatively weakened or sometimes distorted state. Revitalisation would help to meet our country's requirement for health care.

First and foremost for revitalisation of local traditions, we need to appreciate their existence, range, depth and prevalence. Then, it is then important to realise that our own knowledge systems have distinct epistemology, concepts and categories and can not be easily evaluated on standard parameters of western science.

It must also be appreciated that while traditional medicine in India is certainly not flourishing, it is also certainly not dying out - yet. Even today, a vast majority of our society still survive with material and non-material substance from our own indigenous traditions.

Vaidya Ramesh Nanal  
Bombay, August 1995.

## WOMEN AS BEARERS OF HEALING TRADITION

Before the days of big industry and hunger for profit, women had a central role in both production and reproduction. Families produced mainly for home use, and bartered surplus at informal market-places. Traditions supported sustainability. Women learned healing skills from elders, accumulating experience and observation. Health practices arose out of people's understanding, local resources and seasonal changes. Largely, health care was self-reliant. Traditions even helped to forstall ecological disasters like floods and famines and to prevent or cope with epidemics.



But sometimes when traditional healing skills couldn't cope healers would be chased & caught as witches.

Traditional indigenous produce have been driven out and household essentials like milk and food grains are sold off as market commodities.

At the same time, for the sake of profit, western science has tried to overcome peoples' old beliefs and practices. Traditions have floundered or withered all over the world. In the west, they have all but disappeared. Modern market-place medicine dominates health care, and women have forgotten that they could heal.

The industrial revolution rose and spread towards east from the western world. A great change took place, starting in the cities and towns. Production shifted out of households to factories. The home became a place for reproducing a new generation of producers. Thus, the traditional unity of production and reproduction was severed.

In rural areas, these changes have meant shift in the cropping patterns to favour crops for feeding industry and trade.

*But, where traditional cultures survive, women persist in practicing healing skills.*

Western medicine and health care is institutionalised and commoditised. People become dependent on formal health care services and purchase of 'health' from the medical market-place. The global market economy affects health directly or indirectly by shaping government plans and policies and by heedlessly polluting and destroying our environment.

Development and deforestation destroys local medicinal herb resources.

Pollution of air, water and land threatens everyone's natural resistance to disease.

Emphasis on cash crops leads to reduced production of food grains causing increase in prices of food.

Traditionally nutritious and staple foods have become unaffordable.

More than ever before, the poor become poorer. No more is health care accessible, available, affordable... Over once-proud starving bodies, huge companies step in and grab pieces of the old healing knowledge for conversion in to cash .

### **Women as health-care givers**

In traditional cultures grand-mothers, mothers, aunts, mothers-in-law and others pass on ways of caring to younger women. In modern urban nuclear families social and cultural isolation diminishes the substance of care-giving, making people dependent on doctors and marketed medicines. In rural areas where formal health care is far way, women preserve healing knowledge and skills. Generally they are not recognised as 'healers', except for the village *dai* (Traditional birth Attendant) who attends to women in child-birth.

**At household level**, women look after health almost completely right from feeding the family to looking after the sick. Taken for granted by every one, women under-value their knowledge and skills.

**At village level**, a cadre of healers treat snake-bites, dog-bites, eye and skin disorders, pull teeth, set bones and so on. Most healers are herbalists. Only a few women specialise like men and they tend to keep a low profile.

**At government block level**, few doctors and ANMs (auxiliary nurse-midwives) work through the Primary Health Centers in far-flung and difficult social and political conditions. Their long list of duties includes conducting surveys, giving vaccines, distributing iron tablets, detecting and treating malaria, checking 'pregnant women' and conducting deliveries and 'motivating' couples for family planning. The system exploits and abuses them and people tend to mistrust and disrespect them.

**At urban level**, women doctors, *vaidyas* and dentists grow in numbers. They are both general practitioners and specialists. But dominated by the western medical paradigm, they hardly touch the lives and needs of most women.

Low health budgets, lack of dedicated workers and bad roads limit access of the outside health care system to remote areas. If women healers could be recognised and supported by the health services, they would extend the reach of comprehensive health care.

### **The health of women & children**

'Maternal mortality' and 'infant mortality' rates (MMR and IMR) reflect the health of women and children and also indicate the economic and social status of a country.

MMR accounts for the deaths of women from causes related to pregnancy. While well-off countries have MMRs of 5 to 25 deaths per 100,000 births, the MMR in our country is much higher - approximately 300 -500 women die per 100,000 births. (cssm review 1994)

IMR accounts for the deaths of children under the age of one year. In India it currently averages 81 per 1000 live births compared to figures less than a quarter of this elsewhere. (State of the World's Children, UNICEF, 1995)

Maternal morbidity rates including ill-health related to pregnancy and child-birth are not available. But compared to maternal deaths, about sixteen times more women suffer from ill-health at any given time, it is estimated.

It appears to people that ill health and deaths of women result from immediate physical factors like poor nutrition, accidents, diseases and complications of pregnancy and childbirth. But the roots lie in socio-economic and gender based exploitation and discrimination of which deficient health services for women are a part.

On average, in our country a woman has 6-7 pregnancies resulting in 5-6 live births of which 4-5 children survive. (UNICEF 1990)

That is, most women have lost at least one child and have miscarried or aborted at least once. Although women commonly believe that child-birth gets easier with experience, from the third birth onwards the dangers increase, like too much bleeding, injuries, infections, and womb rupture. Depletion of body reserves underlies these problems. The strongest and safest years for child-bearing are said to be between twenty and thirty years of age. However,

about eight percent of around 26.27 million annual births in India are to women below 19 years, whose growth and maturation may be retarded (UNICEF, 1990).

These teen years of growth could provide a second opportunity after child-hood for nutritional build-up. Denied this chance, a young body is unprepared for pregnancy and child-birth. The extra mineral and protein drag by the foetus can result in pelvic bone deformity, so that even giving birth to a small baby is risk-filled. Attempting to control their own fertility, women try to abort unwanted pregnancies.

Un-recorded abortions supposedly account for about fifteen to twenty thousand maternal deaths in the rural areas. (Registrar General of India; 1991-92.)

Aside from household and outside work, child-bearing and breast-feeding make heavy demands on women's bodies. As women eat last and least, and never get enough rest, these demands are seldom fulfilled. Most women do hard physical work all the way up until labour contractions start, and begin work again soon after giving birth. Lack of rest and adequate food especially during the later months lowers the chances for survival of the foetus.

Government and private health care services do not deal with problems which are due to poverty, exploitation and discrimination. Despite lofty planning, the modern PHC system is of little use to most women and poor people.

## Streams of traditional medicine and health systems

India, China and Sri Lanka are among the few countries with indigenous systems of medicine (ISMs) as ancient as five thousand years old. Ayurveda, Siddha, Unani are Indian indigenous systems which are documented and codified. One view is that the ISMs started with local health traditions (LHTs) and were raised to a scientific, or in the case of *ayurveda*, a *shaastric level*.

Among the people, healing is practised informally. Healers of all varieties are scattered among the people. Usually traditional healers live in communities, but sometimes they wander as ascetics, like *sadhus* and *fakirs*. Relatively little about them and their practices is documented. Even less is recorded about how women's gynaecological and pregnancy-related problems have been tackled.

*Dais*, or traditional midwives, attend to women in child-birth. Almost always *dais* are women, but in a few places, men also act as traditional birth attendants (TBAs).

Our country has a wealth of healing traditions and technology, and a vast human resource base. Indigenous health traditions are appropriate, culturally understood and available.

Traditions and practices relating to women's and children's health are prevalent in rural communities. Most such practices both promote health and prevent disorders. Woven within day-to-day community life, they are transferred orally from generation to generation, mostly through the women.

Presently, traditional health practices and knowledge of all sorts is under threat of extinction by dominant western health care, economy undercuts it. People who once survived with their healing knowledge have little faith in it any more. They have got enthralled in a system which is alien, impoverishing and oppressive.



People are hood-winked to supply forest produce, when they fall sick, they pay exorbitant sums to the benefit of the industry.

Formal economy has led to commercialisation of people's knowledge. Ironically, knowledge amid the people used for their own benefit is less valued. But the pharmaceutical industry finds it valuable enough to encash. So it happens that those who possessed age-old knowledge are no longer in a position to use it.

Recent global trends try to justify appropriation of people's knowledge for commercial purpose. People are hood-winked to supply forest produce and herbs to industry at the cost of environmental degradation, so that they can buy food. But, when they fall sick, they turn to allopaths and pay exorbitant sums, again to the benefit of the industry, at the cost of daily bread.

We need to re-assess our peoples' health practices within present-day society and economy. We must re-understand

How local practices relate to peoples' own world-views ?

Which among the practices are especially beneficial ?

Which are harmless but perhaps otherwise meaningful ?

And which could be out-right harmful ?

## THE STUDY ON TRADITIONAL PRACTICES

LSPSS and CHETNA planned 'The National Level Study on Prevalent Traditional Practices in Maternal and Child Health Care' with the main aim...

*to collect information on local health practices which could support a culturally sensitive health care system based on community needs and experiences and utilising locally available resources.*

Searching through libraries, we found most published accounts of indigenous health practices to be constrained within frameworks of western medicine and anthropology. Often, these reports show local health traditions in poor light, or condemn them outright. Hence, there was a need to 'validate' the local health traditions from a perspective consistent with local peoples' traditional world-views. The study had the following broad objectives:

- to collect baseline data about local health traditions relating to women's and children's health, focussing on pregnancy, child-birth and the newborn.
- to 'validate' the LHT from the perspective of *ayurveda*.
- to document the findings and disseminate them widely.
- to advocate a vision of woman-centered health care based on indigenous healing knowledge and practices.

### Phases and steps of the study

The study has been carried out in a number of steps and phases since its inception in 1987.

I. Partner NGOs were identified through the LSPSS network. Twenty-six field-level NGOs from twelve states participated to collect the data. A map of India which roughly locates the NGOs is on page XIX (For the complete list of participating NGOs, refer to Appendix.)

II. For planning the content of the survey and evoking the relevant information, physicians of traditional medicine and some others experienced in women's development and health were brought together to evolve and standardise a set of three questionnaires focussing on pregnancy, child-

birth and child-care. These were again translated in to local languages by the partner NGOs.

III. The persons deputed to collect the data in each NGO were called together at Ahmedabad during February, 1988 and given orientation and training for the data collection.

IV. Data collection was carried out during March 1988 to August 1988. The people spoke more than two dozen local and regional languages. Each NGO group was asked to interview about 100 women, including at least 25 *dais* and 25 women. Women who were pregnant and elderly women were asked to talk about care during pregnancy, *dais* were interviewed about child-birth practices, and women with infants and experience in raising children were asked about child-care.

After collecting the field data, each NGO team compiled a consolidated report and sent it to a *vaidya* of that region. The report was also sent to CHETNA and LSPSS. We had data- reports in Hindi, English, Gujarati and Marathi languages.

V. Then, twenty-two *vaidyas* drawn from the LSPSS network read through and commented upon the regional findings reported by the individual local groups. They pointed out various practices mentioned in the classic *ayurvedic* texts, and otherwise discussed the possible rationale of particular local practices from the point of view of *ayurveda*.

VI. All the field group members and *vaidyas* were brought together at a common workshop in February 1989 to seek clarifications pertaining to data and develop an understanding among the *vaidyas*. A format was decided by the participants in which the data from all the NGOs could be compiled. The data from the twenty-six field groups were compiled and consolidated NGO-wise by CHETNA during November, 1989.

VII. A draft document was prepared for sharing at the upcoming national convention in December, 1989. It included numerous tables and comparisons along with the comments of the *vaidyas* and recommendations. Due to shortage of time, it was possible to include the information provided by about half of the NGOs only.

VIII. In December of 1989, a National Convention on Traditional

Medicine and Maternal and Child Health was organised at New Delhi. The participants included doctors, *vaidyas*, biochemists, researchers, representatives from the Government and NGOs working in the field of health. The study findings provided a forum for consideration and debate.

IX. Three regional workshops were organised: December 1989 by Academy of Development Sciences at Karjat, Maharashtra • March 1990 by CHETNA at Ahmedabad, Gujarat • April 1990 by Vivekanand Girijan Kalyan Kendra at B.R.Hills, Karnataka, to share the methodology and findings of the completed study. These workshops also aimed to build the capacities of local NGO groups to address women's health issues using traditional understanding and practices.

X. After all these followed a prolonged phase of documentation at CHETNA, including • Compilation of the complete data • Discussing and finalising the technical content • Reformulation of the format • Recompiling of the data in the prescribed format • Writing the document • Summarising the document for the NGO Forum at Beijing • Editing the document in to a book form for clarity, readability and ease in regional language translations

### A note on our limitations

There were several limitations in the process of data collection and documentation:

**The co-partners and survey communities:** From state to state, the distribution of our NGO survey partners was uneven. For instance, Maharashtra and Karnataka each had several NGO groups participating in the survey, while Kerala and Himachal Pradesh each had only one. In some states, there may have been high representation from one ethnic area, while another might have been uncovered.

The selection of the communities for the survey also depended on the presence of the local NGO willing to collect the data. Out of the twenty five NGO groups more than half were in tribal areas, one fourth were Christian groups, while several others had Hindu orientation. As for the rest, religion was not a primary motivation for their work. Their constituencies for the survey varied, yet many ethnic strains must not have been covered.

Attempts to create a common understanding among the participants about data collection methods were not too successful. The reports sent back by the NGO groups lacked uniformity and their statistics were uneven. They often lacked detail about number of respondents, diagnosis method, details of treatment and so on. Yet, it is creditable that, inspite of their other heavy local involvements and responsibilities, the field groups were able to allot time to carry out the survey.

**Quality of data:** The three large questionnaires posed some problems during data collection, and for our analysis of local health practices.

In fact, the survey and questionnaires were conceived and designed virtually along the lines of how *ayurvedic* science views health. In a sense, information was being collected to gauge the extent to which *ayurvedic* roots and principles exist among the common people.

This perhaps narrowed down the scope of the study, as the groups reported only what the study sought. Therefore, by no means does the data contain the extent of local health traditions related to the health of women and children. We see here a mere tip of the ice-berg of beliefs and practices.

A few groups told us that the questionnaires were lengthy. This naturally limited the depth and uniformity of data they could collect. The patience of the field-workers and the women respondents is all the more appreciated. Particularly with regard to herbal remedies, the data was not detailed enough to infer much about effectiveness or safety. But, the value of this study is rather to bring to light practices and perceptions useful for women-centered primary health care initiatives. Even so, from the present data we cannot know to what extent women *actually* use and rely on traditional practices.

**Language:** Data was collected in the local dialects, compiled and reported in regional languages at NGO-level, and was translated in to Hindi or English from Marathi, Bengali, Tamil, Kannada and Malayalam for the *vaidyas* to comment upon. During this three-step translation, the information collected must have got distorted.

**Uniformity of sources:** The amount of information available with the respondents varied in each region. In the regions where institutional health care was available, for most of the questions, the respondents indicated that assistance was solicited from the doctor or hospital.

**The survey design:** Likewise, this survey of local beliefs and practices was influenced by the trend in health care - like 'MCH Care', 'PHC' and 'Family Planning'. Because of the concern at the beginning to justify local health traditions (LHTs) in the context of primary health care of which MCH is a recognised part, the original focus really was on *mothers* and not the health of women themselves. Hence, no questions were asked about menstrual problems, vaginal infections outside pregnancy, cancers, and many more.

The multi-state nature of the study was a challenge, and a limitation. The total number of NGOs was kept at a manageable number large enough to arrive at the limited survey objectives. Hence, in the states surveyed, indigenous health practices of many ethnic groups were not represented. Local health traditions from the states not surveyed are also absent from our study.

**Method and frame work of validation:** The information was collected by local NGOs at the household level. However in order to identify regional commonalities and see various patterns across the state, the data was analysed at the state level.

The limitation than becomes that we do not know that a particular practice is practiced in all the houses in the same village, leave alone the same state, barring a few traditions such as child-birth by *dais*.

A small number of chosen texts were used for reference in validating the LHTs reported. It is possible that more of them could have been found in other texts, or understood through systems other than *ayurveda*.

The frame-work of validation and compilation, as we have discussed, shifted. At first, it focussed on comparisons of soundness, completeness, harmfulness and distortions with reference to the texts. The focus shifted to whether the practices were supported by *ayurveda* or not and then to practices mentioned or not mentioned in texts and identify areas which require further research. Initially in 1989, the terms of validation were:

**Practices that are sound and complete.** That is the practice is effective and can stand alone in responding to a particular condition.

**Sound but incomplete.** The practice is effective but needs to be supplemented if it is to obtain a complete response.

**No basis for comments.** More details are required for evaluation or the practice may not have any importance from the health point of view but could be of cultural importance.

**Harmful or potentially dangerous practice.** The practice could have serious health implications and needs to be discouraged.

The practices were further evaluated into practices which could be supported by *ayurveda* and those which could not. Areas for further research were also identified. This modification allowed for validation of some LHTs not text-mentioned but supported by the opinions of experienced *vaidyas* from their knowledge of *ayurvedic* principles. Again we had difficulties, particularly when conveying certain practices

*For example how does one 'validate' the desire to eat mud during pregnancy? The texts mention the occurrence of the desire but do not support eating mud.*

Near the end of 1990, the frame-work again shifted. In consultation with some of the partner NGOs, we decided to analyse and validate the LHTs according to mention or non-mention in the texts. It soon appeared that the data had got artificially divided.

A meeting was held in Ahmedabad towards the end of 1992, attempting to move the study forward. The framework for text-mentioning and non-text-mentioning of LHTs was confirmed. One invited member who could not attend the meeting wrote his dissenting opinion, as follows:

*"I strongly feel that there should be a document of local health traditions without any type of validation from ayurvedic or allopathic perspective..."*

*In the history of mankind, great break-throughs and discoveries have come from knowledge of the people which had no conformity to institutional systems. It is important that the local health traditions are documented in their own form without measuring them with any yard-sticks or frame-works of either ayurvedic or allopathic system..." (Dr. H. Sudarshan, B.R.Hills)*

Finally, we have let the LHTs basically stand on their own. Textual reference and comments by *vaidyas* are friendly, but not given as end-all criteria for validation.

Map showing approximate areas of data collection



To women dwelling in these far flung places,  
we dedicate this work.....



# SECTION-1

## TRADITIONS SURROUNDING PREGNANCY



## SYMBOLS USED

✓ = Women report,

- = Women don't report,

\* = Text-mentioned,

□ = Not text-mentioned



= Information given by women



= Information given by *shastras*



= Conclusion of the chapter

## CHAPTER - I

# CONFIRMING PREGNANCY

Pregnancy brings along joy and anxiety, particularly to the woman who has conceived for the first time and to the family members anxiously awaiting the continuation of the family tree. Pregnancy is not formally announced in most of the Indian families.

Usually a woman hesitates to tell anyone she is pregnant, except her husband, close women friends, and sometimes her mother or husband's mother. Less often, she may confide in a trusted *dai* (Traditional Birth Attendant, TBA) or woman health worker. Her reasons for not disclosing pregnancy are several.

- Some one's 'evil eye' might harm the child in her womb and cause miscarriage.
- She feels shy to it before elders.
- If she miscarries and people find out, she'll carry the blame all her life.
- After all she doesn't have to tell when it isn't visible nor does she need to tell after it becomes obvious.

Pregnancy and child-birth are taken in stride as part of life. Nobody is much concerned about 'confirming' pregnancy. Modern 'pregnancy tests' are almost unheard of, and to go to a clinic for one, means hardship and expense.

Knowing a woman is pregnant is the beginning of care in pregnancy. If she has had regular menstrual periods, it is easier for her to know whether she is pregnant or not. A missed period along with feeling of unease may be enough to alert her. But, when women have infrequent periods or no periods - because of being underfed or anaemic or while they are breast-feeding - they might come to know only when the baby stirs in the womb at about four to five months.



### How do women know about pregnancy?

Physical and psychological changes begin to happen at conception. Each woman responds in her own way. Some feel elated, some tense and some scared. The body adjusts, and so women experience certain signs. Women watch for these signs to know whether they are pregnant. Consider Table 1.1

Table 1.1: Signs useful to confirm pregnancy

(Key: ✓ = women report, - = Don't report, \* = text -mentioned, □ = not text -mentioned)

Sign	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* periods missed	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	10
* vomiting	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	10
* loss of appetite	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	10
* lethargy	✓	✓	-	✓	-	✓	-	✓	✓	✓	✓	8
* giddiness	✓	✓	-	-	✓	-	-	✓	✓	✓	✓	7
* growth of belly	✓	-	-	-	✓	✓	-	✓	✓	✓	✓	7
* movements of baby	✓	-	✓	-	✓	-	✓	✓	✓	✓	-	7
* feeling the womb	✓	✓	✓	-	✓	✓	-	-	-	-	-	5
* lots of saliva	-	✓	-	-	-	✓	✓	-	✓	-	✓	5
* heaviness	✓	✓	-	-	✓	-	✓	-	-	✓	-	5
* nausea	✓	✓	✓	-	-	-	-	-	✓	✓	-	5
* wanting sour foods	-	✓	-	✓	✓	-	-	-	✓	-	-	4
* tiredness	-	-	-	-	✓	-	✓	-	✓	-	✓	4
□ change in appearance	✓	✓	-	-	-	-	-	-	✓	-	✓	4
* darkening of nipple	-	✓	-	-	-	-	-	✓	-	-	✓	3
* food cravings	-	✓	-	-	✓	-	-	-	✓	-	-	3
* restlessness	-	-	-	-	-	-	✓	✓	-	✓	-	3
□ pigmentation on face	-	✓	-	-	-	-	✓	-	-	-	✓	3
□ paleness	✓	-	-	-	-	✓	-	-	-	-	-	2
□ headache	-	-	-	-	-	✓	-	-	✓	-	-	2
□ swelling in body	✓	-	-	-	-	-	-	-	✓	-	-	2
* swelling of feet	-	✓	-	-	-	-	-	-	-	-	-	1
* streaks on belly	-	✓	-	-	-	-	-	-	-	-	-	1
□ change in pulse	-	-	-	-	-	-	-	✓	-	-	-	1
□ swelling of vulva	-	-	-	-	-	-	-	✓	-	-	-	1
□ urinating often	-	-	-	-	-	-	-	✓	-	-	-	1
□ fever	-	-	-	-	-	-	-	✓	-	-	-	1
□ indigestion	-	-	-	-	-	-	-	-	-	✓	-	1
□ vaginal discharge	-	✓	-	-	-	-	-	-	-	-	-	1
□ burning in chest	-	-	-	-	-	-	-	-	✓	-	-	1
□ change in gait	-	-	-	-	-	-	-	-	-	✓	-	1
total	13	17	5	4	11	9	8	13	14	14	11	

Indigenous ways of knowing pregnancy include observation of some signs, feeling the abdomen and the pulse and through 'urine tests'

Reports of pregnancy signs came from all the states. Women reported thirty-five signs, of which twenty-two are mentioned in the *ayurvedic* texts.

Of the thirteen signs not text-mentioned, three describe the changes in looks or way of walking. Seven others signal the onset of a problem or complication. Three tests to confirm pregnancy were also reported.

**In early pregnancy:** Most commonly, women come to know of pregnancy when they miss their periods, have nausea, vomit and do not feel like eating. Women in ten states reported these.



Women observe changes in moon to remember the day of their periods.

**Later in pregnancy:** The womb grows big and heavy, stretching the belly and pressing downwards.

Women from seven states report that come to know of pregnancy when the foetal movements are felt.

Daits from seven states report assessing the growth of the belly and from five states reported feeling the womb to confirm pregnancy. They compare the growth of the belly with the eggs of birds .

Women in Gujarat mentioned slight swelling of feet or ankles and white lines on the sides of the belly.

Our allopathic doctor friends state that these 'striae' begin pink and turn white later in a woman's first pregnancy. If a woman has been pregnant before, these lines are white.

The *shastras* also mention the appearance and development of coloured lines on different parts of the body.

As these are commonly observed during pregnancy, women may have equated them with the normal signs.

Seven signs are actually symptoms of ill-health or complications in pregnancy. Reported from Bihar, Gujarat, Madhya Pradesh, Orissa, Tamil Nadu, Uttar Pradesh and West Bengal, they include • paleness • headache • swelling in the body • fever • indigestion • burning in the chest.

Secretions from vagina increase during pregnancy, but it does not help much. On the other hand, the normal increase in secretions may be hard to distinguish from discharges due to infection, which are common. Burning in the chest may result from eating too much spicy and pungent food, large meals at long intervals, staying hungry for a long time.

Face pigmentation does not happen to all in pregnancy. Women having severe anemia are more likely to get dark patches on face which may subside if iron balance gets restored after child-birth. Pulse examination is a skill mastered by few healers and could be useful in early confirmation.

Change in appearance was reported by women from four states, Bihar, Gujarat, Tamil Nadu and West Bengal, changes in the gait was reported by women from Uttar Pradesh.

These signs commonly alert other women about a woman's pregnancy. Confirming pregnancy from a woman's appearance or face or a change in her gait is a unique skill of women. The change is difficult to describe.

**Test to confirm pregnancy:** In the interviews with *dais*, they mentioned three tests for confirming pregnancy.



In Tamil Nadu, some *dais* use a herb called “*vellai poonai kaachi*”. The leaves are soaked overnight in the urine of a woman who suspects she is pregnant. Next day, if there are white spots on the leaves it means that the woman is pregnant.

Or the woman takes a tea-spoon of honey at night. If early in the morning she gets a strong, gripping pain low in her belly, one concludes she is pregnant.

Some *dai*'s use a herb to confirm pregnancy.

In Maharashtra, the test reported involves sprouting grains soaked in the urine of a woman thought to be pregnant. Early sprouting indicates pregnancy.



### What do *shastras* say about confirming pregnancy?

Traditional practice of observing signs to confirm pregnancy is also mentioned in the *shastras*. The texts have mentioned two sets of signs and symptoms that help to confirm that a woman is pregnant.

**Signs from conception up to seven days:** There is an immediate increase in saliva in the mouth • the woman feels drowsy • she feels discomfort and may be mentally or emotionally restless • sometimes, her whole body aches and she feels un-well • when the 'seed' implants in the womb, the woman gets a feeling of fulfilled-ness.

Maharishi Sushruta mentioned other signs • fatigue • sadness • feeling thirsty • looseness in the thighs • quivering in the *yoni*.

**Signs after one week up to three months:** The expected menstrual period is missed • she may notice an increase in saliva • she loses her appetite and may vomit, particularly in the morning • she craves for sour things and her likes and dislikes for various foods change • she may dislike certain smells and scents • her body feels heavy, and her eyes may feel heavy too.

**After three months:** The breasts increase in size and become heavy • there may be some secretion • the nipples and skin around them become

dark • in certain parts hair growth increases, especially along the dark line down the belly • the womb gets larger, and can be felt by the hand • there may be some swelling in feet because the body holds water, and the pressure of the womb.

The examination of pulse is not mentioned as method to confirm pregnancy, However, our *vaidya* friends inform that changes in the volume, tension and frequency of pulse occur in the initial stages of pregnancy which could be felt by pulse. Few *vaidya*'s have mastered this knowledge known as '*naadi vignaan*'- the science of pulse.

Change in pulse, observing the change in appearance and gait are some other methods reported by woman which are not documented in the *shaashtra*. These could be understood from experience and observation.

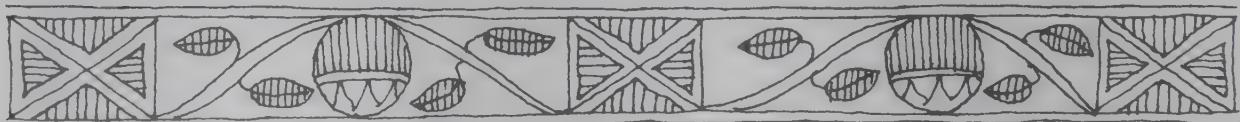
### Women are able...

Women's ability to confirm pregnancy should be encouraged and enhanced at community level.

If a woman has irregular periods, or does not develop the other associated symptoms, or conceives while not having periods during breast-feeding, she may need a pregnancy test.

The indigenous tests for confirmation of pregnancy could be useful at community level for inexpensive, early and accurate confirmation of pregnancy.

At times, women mix up signs of normal conditions of pregnancy and those of complications are mixed in women's minds. Full information about complications, differentiating them from normal changes, and the steps to prevent or deal with them need to be conveyed.



## CHAPTER II

# MEASURES FOR HAVING A HEALTHY CHILD

On knowing about pregnancy, women take care to sustain the health of the baby. Measures such as adequate diet, health foods, special herbs and practices are adopted. Women also turn to the feminine deity or a local healer to be assured of the safety of the baby.

Apart from being concerned about the health of the baby, women are concerned about the comments from the society also. Women whose own health is poor are even blamed for giving birth to an unhealthy child. Alone, women shoulder the responsibility of tending to a weak baby. If the infant is female, both are further deprived of food and health care.

### What do women say about measures for a healthy child?

Women in nine states report measures that could improve the health of the foetus. Some women described measures for the birth of a son. Often, the basic steps are religious or spiritual.



*The idol or the priest may act as a healer.*

In Gujarat, Rajasthan and Maharashtra women said they consult a local healer (*bhuva*) and perform certain rites.

In Uttar Pradesh and Tamil Nadu, women talked of worshiping their family deity or a deity popular for being helpful in child-bearing.

In Rajasthan, women said they go to a temple, offering food and clothes to the *brahmins*.

In tribal Panchmahal area of Gujarat, women will sacrifice a goat to a deity, abstain from liquor or foods like jaggery, oil or coconut, or take an oath to visit a shrine somewhere. However, the women from Kerala, Karnataka and Orissa said that eating enough good food and taking iron tablets is good for the foetus.

A different kind of tradition was reported from Orissa. Around three months of pregnancy, women eat ashes of peacock feathers and jaggery for the baby's health.

Whether a woman heals herself or goes to a healer, these traditional practices may have emotional as well as biological effects.

Going to a healer itself is a break from monotonous and oppressive drudgery. Sharing her worries with the healer helps relieve accumulated stress. The healer reassures her and instructs her how to use certain herbal substances and perform specific rituals.

Similarly, when a woman goes to a temple, the idol or the priest may act as a healer. For some women a local temple is the only place where she can go and be by herself. In these ways, a woman finds some moral support, and assistance to go through pregnancy with confidence.

What is remarkable in these traditions is the scope for emotional healing. This is also true of *ayurveda*. In fact, the branch of *ayurveda* known as *daiva vyapashraya chikitsa* asserts the relationship between mind and body as the basis of healing. Accordingly, health is a complete, integrated state of physical, mental, spiritual and social well-being.

In Tamil Nadu, West Bengal, Orissa, Uttar Pradesh and parts of Maharashtra, some women described ways for the birth of a male child.



## What do *shastras* say about measures for a healthy child?

*Ayurveda*'s concern focuses on the child's • sex • intelligence • appearance • verging on eugenics reflecting the wants of the traditionally powerful and propertied class or caste.

In fact, ancient physicians were expected to advise monarchs on how to ensure the birth of "physically and psychologically healthy and handsome male heirs".

Steps that should be initiated before conception and continue after birth of the child are suggested. The food, daily routine and actions of the parents at least a month prior to conception and thereafter influence both physical and emotional well-being of the child to come.

**Essentials for conception:** *Ayurveda* relates human life with the cycles of nature. Just as good seed, fertile soil, the right season and plenty of water are needed for a good crop, there are four essentials in the body which lead to the birth of a child.



Both partners should be physically and emotionally mature, healthy and well nourished.

**Ritu:** the 'season' for conception, considered to begin with menstruation and extend for twelve days.

**Kshetra:** area or 'field', referring to healthy reproductive systems of both woman and man.

**Ambu:** 'waters', denoting the nourishment of both partners and the genital wetness.

**Beej:** 'seed', indicating healthy sperms and egg.

**Age of parents at conception:** Both partners should be physically and emotionally mature, healthy and well nourished. Usually by the mid-twenties, men and women attain this maturity. Prior to this, conception could effect the health of the woman and the foetus, adversely.

**Conditions during intercourse:** Both partners should be relaxed, unafraid, without anger or grief. Neither should be impatient or worried. They should relate with each other lovingly and respectfully.

They must not be hungry or thirsty, nor should they have just eaten a heavy meal. Neither one should be feeling the urge to defecate. Nor should there be a chronic ailment or genital disease.

There are specified conditions when, in view of bad effect on progeny, a man and a woman should not have intercourse. These are when intercourse is

- against the woman's wishes
- during her time of menstrual flow
- within the six weeks after child-birth
- without a woman's emotional involvement
- while either one has a genital disease
- when a woman is under-nourished or obese.

Certain places for intercourse to take place are appropriate and others not. For instance, a couple must not indulge in intercourse • at a sacred place like one's guru's house • near a burial ground • a gallows • at a butcher's place • on crossroads • near a water place.

Likewise, for the sake of their progeny, couples must not indulge in intercourse at certain times, like • in the day time • during most festivals • on various holy days • on an eclipse day • *Makar Sankranti*.

According to the seasons of the year, couples are also advised to regulate how often they have intercourse • in autumn, every three days • in winter, as often as desired • in spring, every three days • in summer, every fifteen days • during the rains, every fifteen days.

'Shukra', the summation of all body elements or *dhatu*, is essential to sustain the body's strength and vitality. Through intercourse it is depleted from man and woman. In the winter season, as the human body is full of strength and vigor, the body would replenish the spent *shukra*. During the rainy and the summer seasons, the body's strength and vitality is at low ebb, and the body would find it difficult to replenish the lost resources.

The *shastras* frown on • intercourse performed in varied postures • too frequent intercourse • any other forms, except vaginal penetration • during pregnancy.

The *shastras* also advise using the following herbs and foods as they promote vigor.

**Herbs:** • *Shatavari* (*Asparagus racemosus*) • *Ashwagandha* (*Withania somnifera*) • *Yashtimadhu* (*Glycrrhiza glabra*) • *Bala* (*Sida cordifolia*).

**Foods:** • Wheat and rice • black gram • dates • pumpkin • *trapa* • rock salt etc.

The couple intending to conceive a child should observe celibacy for one month and thereafter have coitus.

## 👉 Women know ...

Care during pregnancy helps both woman and foetus. Women in local communities try to follow a three-fold path to have healthy children. It includes kinds of spiritual healing, the use of herbs and eating enough good food.

Most of the time when these traditional advice are followed, it is for the sake of having a son. In fact, patriarchy often forces women to equate health of the baby to a male child.

The *ayurvedic* texts contain detailed instruction regarding the control of procreation as a means to improve the progeny. We feel this is problematic. Eugenics has a troublesome history in the world. *Ayurveda*'s guidance for selection of female or male progeny helps to give sanction to the widespread modern scourge of female foeticide using hi-tech methods like amniocentesis and ultra-sonography.



## CHAPTER - III

# DESIRSES AND AVERSIOS DURING PREGNANCY

*The hearts of mother and foetus are connected through rasa-vahika (fluid-carrying channels). When the indriya (senses) awaken, mana (consciousness) finds vedana (feelings of happiness and sorrow). The foetus starts to quiver, expressing desires based on experiences of previous life, through the mother...*

*(translated from the Charaka Samhita)*

*Women from Gujarat, Maharashtra, Kerala and Tamil Nadu said that food cravings, particularly desire for sour foods, are helpful in confirming pregnancy.*

It is strange but well known that women experience peculiar desires or cravings to eat or do certain things while they are pregnant. Desires during pregnancy have social sanction and people around try to help in their fulfillment.

The nutritional needs of a woman increase during pregnancy and breast-feeding, in any case. Nutritionists estimate that a healthy moderately active woman requires about 300 extra calories a day during pregnancy (in addition to the 2200 she ordinarily needs) and an increased supply of vitamins, folic acid, iron and other minerals.

These amounts are usually unattainable. Even ordinarily, women get only about 1500 calories a day. In traditional households, usually food is served according to a person's position in the family, not always by the person's need. The food which women get to eat does not make up for the energy they spend. But, in pregnancy they find an opportunity to express desires, seek attention and get more food than usual.



### What do women say about desires during pregnancy?

#### Desires related to diet

Experiencing special desires during pregnancy was found prevalent in all the eleven states. Twenty-six 'desirable' things to eat were listed. Consider Table 3.1

Table 3.1: Things women desire to eat during pregnancy

(key: ✓ = women report; - = women don't report, \* = text-mentioned, □ = not text-mentioned)

Foods	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
□ mud, clay	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
* tamarind	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	-	9
* sour fruits, vegetables	✓	✓	✓	-	✓	✓	-	✓	-	-	-	6
* unripe mangoes	-	✓	-	✓	✓	✓	-	-	✓	✓	-	6
□ brick, tile	✓	✓	-	-	-	✓	-	✓	✓	✓	-	6
□ coal	-	✓	✓	-	-	✓	-	✓	-	-	-	4
* milk	✓	✓	-	-	✓	-	-	✓	-	-	-	4
* sweets	✓	✓	-	-	-	-	-	✓	-	✓	-	4
* curds	-	✓	-	-	✓	-	-	✓	-	-	-	3
□ ash	-	-	-	-	-	✓	-	-	✓	-	✓	3
□ pungent foods	-	✓	✓	-	-	-	-	-	✓	-	-	3
□ stone	-	-	-	-	-	✓	-	✓	-	-	-	2
□ raw rice	-	-	✓	-	-	-	-	-	-	-	✓	2
□ cowdung ash	-	-	-	-	-	-	-	-	✓	-	✓	2
* nutmeg	-	-	-	-	-	✓	-	-	-	✓	-	2
□ lime stone	-	✓	-	-	-	-	-	-	-	-	-	1
□ smoking beedies	-	-	✓	-	-	-	-	-	-	-	-	1
□ slate pen	-	-	-	-	-	-	-	-	✓	-	-	1
□ dry rice	-	-	-	-	-	-	-	-	-	-	✓	1
* ripe mangoes	-	✓	-	-	-	-	-	-	-	-	-	1
* tamarind seeds	-	-	-	-	-	✓	-	-	-	-	-	1
* bengal gram	-	-	-	-	-	✓	-	-	-	-	-	1
* boiled rice	-	-	-	-	-	-	-	-	-	✓	-	1
□ hibiscus cannabinus	-	-	-	-	-	-	-	-	-	✓	-	1
* cardamom	-	-	-	-	-	-	-	-	-	-	✓	1
□ salt	-	-	✓	-	-	-	-	-	-	-	-	1
totals	6	12	7	3	6	11	2	9	8	8	6	

Eleven were nutritious foods, recommended in ayurvedic texts.

Two were salty and pungent items, not recommended by the texts.

Thirteen were substances such as clay, mud and ash, which are recognised but not recommended by the texts.

In four states of the southern and eastern regions, women spoke of few desires, including two or three items of food.

On the other hand, women from two western and central states told of a lot of desires to eat special things during pregnancy.

We can only guess about the reasons for this apparent pattern. Possibly in the southern and eastern states, the social environments in the surveyed communities inhibit women from freely expressing desires, so their list is small. Alternatively, the women might have better access to food and therefore don't have to 'desire' food in pregnancy.

Several other factors, such as availability of foods and prosperity of the community or region, also seem to influence the number and type of foods desired during pregnancy. The western states of Gujarat and Maharashtra are prosperous compared to other states, and so the women provided a longer list of food desires. Whatever the factors, we know...

*How difficult it is for women to express desires freely!*

*Women crave to eat things that are earth-like • mud • coal • ash, that are sour • tamarind, sweet and wholesome • milk.*

Foods like milk, sweets, curds, ripe mangoes and other juicy fruits are 'socially valued' and costly, generally denied to women or considered a luxury. Other items like food-grains reflect local availability and increase in a usual part of the diet.

In Tamil Nadu, women said in pregnancy they crave to eat lots of parboiled rice, the staple food of that region.

Although sour foods are believed to have unhealthy effects and are not advised, women's cravings in pregnancy are for just such foods!

In most of the states (except West Bengal) women said they crave tamarind, unripe mangoes, or other sour fruits and vegetables.

Both local traditions and *ayurveda* recognise tamarind's tendency to bring about itching, swelling on the body and sore throat and advise caution. Further, extremely sour foods increase body heat and cause irritation and a burning sensation. When not pregnant, sour foods may be a reason for painful menstrual periods or heavy bleeding, and so they may be denied to women.

*During pregnancy, refuting this denial of sour foods to women may add impetus to expression of desire...*

Women have commonly expressed desire to eat substances which are not ordinarily consumed as foods.

The desire to eat *mud or clay* is common to all eleven states.

After this, *brick and coal* are from four and five states.

Eating or licking *salt* was a liking in Karnataka.

Women in Karnataka, Tamil Nadu and Gujarat desired lots of *pungent chillies*.

The desire to eat mud or clay is startlingly widespread. While explaining that such desires are natural in pregnancy and women must be allowed to eat whatever they desire, the interviewed women admitted that it could cause health problems. For example, raw mud could stick in the intestines and disrupt digestion and absorption of food. But, chunky roasted black mud is sold at grocery stores. With this, women fulfill their desire without harm, it is said. Likewise, fresh brick or clay roof-tiles may be ground up and relished.

People say and so do the texts, that when a person has worms, s/he likes to eat mud, but that leads to more worms.

*Could the craving for mud reflect wide-spread worm infestation in women ?*

Salt aggravates the tendency to retain water in pregnancy, and craving for it draws our concern to the relative prevalence of fatal toxemia of pregnancy (eclampsia) in the rural areas.

Pungent and spicy foods increase *pitta* and aggravate burning in chest and upper belly which is particularly observed towards the end of pregnancy, due to the pressure of the foetus on the stomach.

*Is it a covert revolt against society for women to desire the very things which are often /otherwise denied to them ?*

**Aversions related to diet:** Always the other side of the coin of cravings is aversions! These were naturally elicited in the form of 'symptoms' discussed earlier as part of confirming pregnancy. Among these, aversion is reflected in severe loss of appetite, nausea, retching and vomiting at the thought, sight or smell of ordinary food or seasoning.



### Feelings and wishes to do things

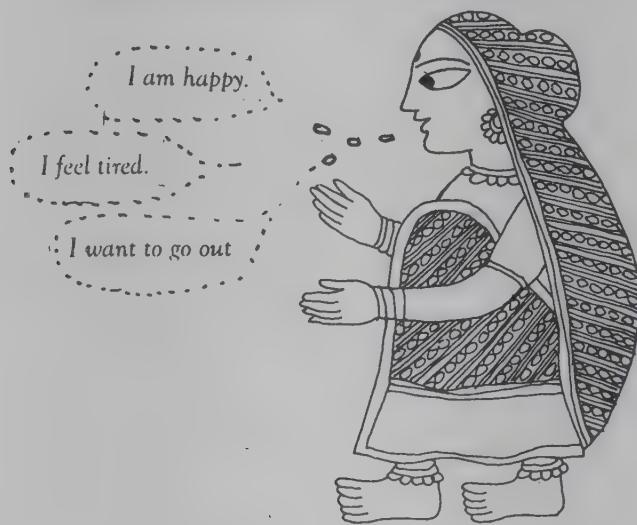
In eight states, with exception of Karnataka and Orissa and West Bengal in the east, women talked about changes in feelings and actions

during pregnancy.

**Table 3.3 Feelings and wishes during pregnancy**

(key: ✓ = women report, - = women don't report, \* = text-mentioned, □ = not text-mentioned)

Change	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* irritation	✓	✓	-	✓	✓	✓	-	✓	✓	✓	-	8
* lethargy	✓	✓	-	-	✓	✓	-	✓	✓	-	-	6
* feeling sleepy	✓	✓	-	-	✓	✓	-	-	-	✓	-	5
□ sleepy in day	-	-	-	-	-	-	-	✓	-	✓	-	2
□ seeing dances	-	-	-	-	✓	-	-	-	-	-	-	1
□ going out	-	-	-	-	-	-	-	✓	-	-	-	1
□ happiness	-	✓	-	-	-	-	-	-	-	-	-	1
* discomfort	-	-	-	-	-	-	-	-	-	✓	-	1
□ boredom	-	-	-	-	-	-	-	-	-	✓	-	1
* weakness	-	-	-	-	-	-	-	-	-	✓	-	1
□ breathlessness	-	-	-	-	-	-	-	✓	-	-	-	1
□ worry, anxiety	-	-	-	-	-	-	-	-	-	✓	-	1
□ depression	-	-	-	-	-	-	-	-	-	✓	-	1
Total	3	4	-	1	4	3	-	5	2	8	-	



Women talked about changes in feelings and actions.

In Maharashtra and Rajasthan, women said they feel like going out or joining in lively diversions like dancing and singing.

Only in Gujarat did women describe a feeling of happiness, and that in the first pregnancy...

Aside from physiological adjustments during pregnancy, irritability could be due to social factors like pressure to have a male child, or to over-

Irritability is commonest, then lethargy, and feeling sleepy in the day-time.

In Uttar Pradesh, women mentioned discomfort, boredom and feeling weak.

In Tamil Nadu, they said they get breathless walking long distances, and feel depressed and worried about child-birth.

work and lack of emotional support. Anaemia worsening in pregnancy with over-work and under-nutrition undoubtable plays a part in building up irritation, too.

Women want to take rest but only some are given the chance. Feeling sleepy in the day-time may be seeking respite from too much work. Breathlessness on exertion is a feature of late pregnancy due to the foetus occupying space in the chest, or even earlier when a woman's anaemia is severe. Feelings and moods such as anxiety, depression and weakness show the scarcity of support women get during pregnancy.

Significantly, women in only three states reported positive feelings and desires during pregnancy. It suggests that women in most places have little chance to relax and recreate. Also, in these states it appears that sanction for fulfillment of desires in pregnancy allows women to break the monotony of routine life and to temporarily become more mobile.

**Why do women have desires in pregnancy ?** Desires are considered a part of pregnancy. Usually, they are believed to be healthy. Fulfilled, they promote the growth and development of the foetus, but if unfulfilled, some defect or deformity in the baby may result.

*In Karnataka it is believed that the foetus expresses its desires through the mother.*

Later in this study, when we consider miscarriage and abortion we shall see that women have listed non-fulfillment of cravings as a cause. A holistic world-view is shared between the folk and the classical traditions. In this scheme, everything and everyone is meaningfully inter-related. Hence there is no split between mind and body nor between a woman and her foetus. Just as whatever a woman eats influences foetal development, so her emotions and actions affect the foetus, too

**How a woman's thought and action affects the foetus ?** Women from nine states say that the diet and actions of the woman affect the foetus in various ways.

In Madhya Pradesh, women said that during pregnancy, if a woman gives grains to pigeons, the child born will be of giving (*daani*) nature. Also, if a woman prays, performs *puja* and other rituals, the child-to-be-born will live long and will be religious.

## What do *shastras* say about changes in pregnancy?

Desires during pregnancy, and the emphatic need to fulfill them for the benefit of the child-to-be are given a lot of space in *shastras*. There is considerable overlap between what our women respondents reported and what the ancient texts describe.

In the *shastras*, special desires during pregnancy are called *dau-hrida* and the woman is *dau-hridini*, one with two hearts. The *hridaya* (heart) is not a mere hollow organ but also a seat of mind and emotions. Pregnancy cravings and aversions signal the formation of the organic foetal heart as well as the awakening of early consciousness composed of likes and dislikes.

The embryo-heart starts beating during the fourth week and is fully developed and functioning by the end of the fourth month. As the foetal desires are conveyed through the maternal heart, the woman may feel strong cravings. This is described in the texts that we referred during this study. They also happen to reflect physiological changes and needs. If these particular needs are not met, there is a depletion of certain body elements and it manifests in the form of explicit desires.

### Why do women crave for sour things and mud or clay-like materials ?

The body is constituted of five basic elements *pancha-mahabhoota* which also constitute outer nature. These are • *aakash* (space) • *vaayu* (wind) • *prithvi* (earth) • *jal* (water) • *agni* (fire).

In the body in various combinations, these five elements form the three *doshas*: *vaayu*, *pitta* and *kafa*. [When in proper balance, the *doshas* assist in the body functions, and when vitiated they lead to sickness.] And the seven *dhatus* • *rasa* (chyle or the plasma) • *rakta* (blood) • *maans* (muscles) • *med* (fat) • *asthi* (bones) • *maja* (bone marrow) • *shukra*. (semen+vitality) [Healthy and balanced *dhatus* are the material bases for sustaining our various body functions.]

During pregnancy, depletion of the *dhatus* in the woman's body gives rise to urges for replenishment.

Depletion in *dosha* or *dhatu* creates specific desire for substances with similar properties. On the other hand, if for any reason there is increase in

any *dosha* or *dhatu*, it creates desire for substances of opposing properties. For instance,

...if *kafa* in one's body is depleted, one would need to eat and do things that are *kafa*-elevating,

...and if *kafa* is excessive, then one should eat and do things which cause *kafa* to subside.

Other factors, like one's *prakriti* (nature or personal constitution) and the region in which one lives, also influence one's likes and dislikes.

A person of *pitta* *prakriti* would prefer cooling and sweet foods and will not tolerate hot and spicy foods.

In a cold and dry region, people would like to eat sweet, oily and *snigdha* (unctuous) food.

In early pregnancy, a woman's *rasa* and *rakta dhatu* are depleted. She has an urge to consume *amla* (sour) things, which promote *rasa* and *rakta*.

As pregnancy progresses, the foetus absorbs heavier nutrients from the mother's body, especially when the bones and muscles develop. The woman's *maans* and *asthi dhatu* deplete. In order to overcome this depletion, women feel like eating clay, mud, and the like.

From what women reported, a whole variety of substances usually considered inedible are listed. According to both the people's understanding as well as *ayurveda*, they all have *prithvi tatva* (element of earth).

Similar logic applies to feelings and behavior changes during pregnancy. Irritation could be due to depletion of *rasa-rakta dhatu*, lethargy could be due to excess *kafa* and less *vaayu*. Happiness and activity signify the normal functioning of *vaayu*.

However, the line is fine delineating changes due to these and other factors. For example, irritation during pregnancy could be related to hormonal changes, or anaemia (*rasa-rakta kshaya*), physical pressures or emotional stress from social neglect or harassment.

While the *shaastras* stress that desires expressed in pregnancy must be fulfilled, they cannot recommend eating harmful substances. A solution to the problem is described:

Give the woman a small quantity of the substance mixed with another that is not harmful, or provide her a substitute with similar properties.

The harmful effects of the following substances can be reduced by replacing them with others that have similar taste and properties.

• common sea salt	rock salt
• tamarind, sour foods	<i>aamalaki, aavla</i> (Indian goose-berry)
• pungent taste	ginger and lime juice
• charcoal & ash	<i>mashi</i> of <i>aamlki</i> (charred <i>aavla</i> powder)
• clay, mud, brick,	<i>gairika</i> (red ocher) roasted in <i>ghee</i>
• uncooked rice	cooked tubers like yam, sweet potato, tapioca, & <i>trapa</i>

### When women desire...

Experiencing desires for things to eat, or to do certain things during pregnancy is widespread among women in our country. Desires and aversions are also discussed in detail in the ayurvedic texts. As desires have sanction from communities as well as in the *shaastras*, they provide outlet for expression and fulfillment of a woman's desires otherwise denied.

The tradition of having and fulfilling desires in pregnancy could perhaps be directed to prompt health programmes to address the desires of women during all other phases of their lives, too.

The spectrum of feelings during pregnancy like irritation, worry, lethargy, depression, or happiness, excitement and wanting to move about are part of women's experience of pregnancy. There is need to study the emotional aspect and pin-point social and physical stressors on women. The traditional focus on the child-to-be must not steal from the fulfillment of the woman who is it's mother.



## CHAPTER IV

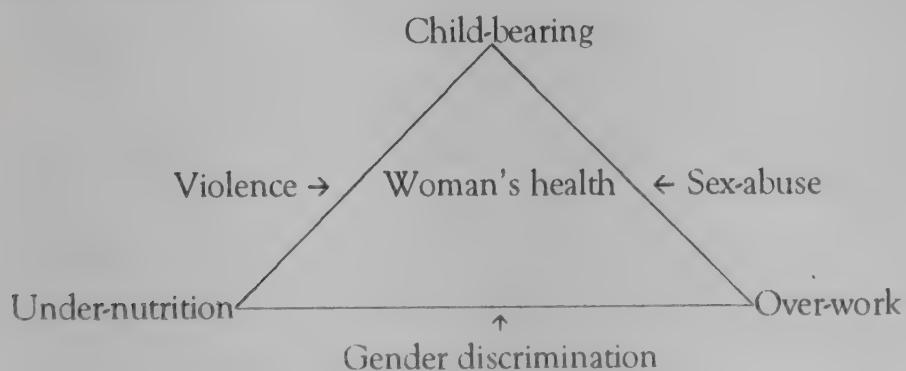
# ADVICE AND RESTRICTIONS DURING PREGNANCY

*What a woman eats and what she does directly affects the well-being of her child-to-be.*

This idea underlies traditional care during pregnancy. It may be true that in pregnancy a woman has more access to food and other things. But, communities have ways to oversee foetal growth and development. They subject women to restrictions and recommendations regarding diet and activities. Much of the time such advice help to improve the health of the woman, too. But this is not always so, particularly when the health of a woman is already compromised by poverty, over-work and gender-discrimination.

When pregnancies are frequent, food too little, and work heavy, women don't get enough time for their health to recoup. Nutritional stress leads to loss of iron, protein and fat stores entailing numerous problems and complications. Not enough food throughout childhood and youth leaves women stunted, putting them at risk of obstructed child-birth. For fear of this, food is further restricted during pregnancy. People hope that a smaller baby will make birth easier, or possible. Food restrictions may not be adequate, however, to slim the foetus enough to drop the risk of obstructed labour. But, they will certainly worsen the nutritional status of the woman.

The 'triple burden of work' - work (at home and outside), undernutrition and child-bearing - is a fact of most women's lives. Violence, sex abuse and gender discrimination are additional factors that hamper mental, physical, emotional and social health of the woman



In pregnancy, because of the changes in her body, a woman is more sensitive and vulnerable to conditions of work inside and outside of home. Strenuous work that involves hours of poor posture gives women muscle pains, back-aches and skeletal problems. It may lead to deformity and disability. Then there are accidents. And, various hazards in the work environment lead to foetal growth retardation, malformation, abortion, premature birth, still-birth.

Today, women involved in agricultural work are exposed to increased risk from pesticides, inorganic fertilisers and polluted dust and water. In factories, women inhale nauseating and toxic vapours and their skin is coated with industrial grime. It may seem that most women today are not able to avoid hazards at work like these. Still, communities impose their traditional restrictions and recommendations.



## What do women say about diet-restrictions ?

Women who were pregnant and who were wise and experienced, were asked to talk about what to avoid and what to eat during pregnancy, and why. All eleven states sent back information of over sixty food items. We must keep in mind that dietary advice would vary greatly between the many sub-caste and tribal communities involved in the survey. In the same way, advice would vary with local conditions of climate, water and modern development. In this respect, as we pointed out earlier, our data is mixed.

The maximum number of restricted food substances was from Gujarat (21) and the minimum was from Kerala (4).

Women in Tamil Nadu, Uttar Pradesh and Rajasthan also reported numerous restricted foods.

In the interviews, women were asked about the factors in choice of foods in pregnancy, about the qualities of the foods, and about their influence on woman or foetus. This is what they said.

*In pregnancy, a woman's digestion weakens. This is why we advise light and easily digested food.*

*Foods are allowed or restricted during pregnancy according to • our local eating habits • the food available in our area • the guna (properties, nature) of the foods.*

In Maharashtra, Gujarat and Rajasthan, women said that 'sticky' substances are restricted in pregnancy, like • banana • okhra (*bhendi*) • butter, ghee • coconut.

The child shares the woman's stomach (*paet*) with the food she eats. Naturally, we are worried about sticky foods.



Women are asked to keep to a regular basic diet ... at home.

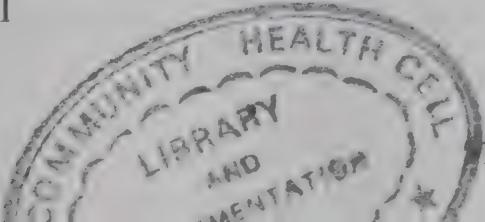
In Uttar Pradesh, to enable an easy child-birth, a pregnant woman is asked to eat whatever she desires.

In Tamil Nadu, for fear of miscarriage, a woman is asked to avoid hot and pungent foods.

It is important to keep in mind that the women did not speak of foods according to 'food groups'. It is we who have classified the foods into categories like 'cereals', 'vegetables' and so on.

### Foods eaten or avoided during pregnancy

**Cereals:** The choice of cereal seems to correspond to the staple diet of the region or community. For example, in the rice-eating areas, wheat is perceived to be heavy to digest and so is restricted. Alternately, among wheat-eating people, rice is believed to cause '*vaayu*' and hence restricted. In Bihar, some women restrict wheat and some do not. Consider Table 4.1



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Table 4.1: Cereals eaten or avoided

(Key: ✓ = eat, ✗ = don't eat, - = women don't report, \* = text-mentioned, □ = not-text mentioned )

Cereals	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* rice	✓	✓	-	-	-	-	-	✓	-	✗✓	✓	5
* wheat	✓✗	✓	-	-	-	-	-	✓	-	-	-	3
* maize	✓	✓	-	-	-	-	-	✓	-	-	-	3
□ fried rice	-	-	-	-	-	-	✗	-	-	-	-	1
□ ragi balls	-	-	✓	-	-	-	-	-	-	-	-	1
□ maize dalia	-	-	-	-	-	-	-	-	-	✓	-	1
□ moori (puffed rice)	-	-	-	-	-	-	-	-	-	-	✓	1
* beaten rice	-	-	-	-	-	-	✗	-	-	-	-	1
□ puffed corn	✗	-	-	-	-	-	-	-	-	-	-	1
* bajri (Pearl millet)	-	✗	-	-	-	-	-	-	-	-	-	1
□ katera (a local millet ?)	-	✗	-	-	-	-	-	-	-	-	-	1

Among the six cereals preferred in pregnancy •rice was the most common (5 states) •wheat and *baajri* (pearl millet) are next; • *raagi* is regional to Tamil Nadu and Karnataka • *makai* (maize) is from Bihar, Gujarat and Rajasthan • *katera* (a local millet) is from tribal Gujarat.

The *shastra*'s describe the cereals as • easily digestible (*laghu*) • sweet to taste (*madhura*) • cooling (*sheeta*) • nourishing (*bruhaneeya*). Hence, cereals are appropriate for a woman during pregnancy. But, certain cereals have other specific qualities.

For example, *baajri* is dry (*ruksha*) and heat-producing (*ushna*) and rightly discouraged by women in Gujarat. However, the texts also advise consuming foods to which one is accustomed, and if a woman is used to eating *baajri* daily then she is not advised to stop eating it. Perhaps *katera* is a local millet of the Panchmahal area of Gujarat. If it is part of the daily diet, the woman should continue eating it.

It is known that there are many local varieties of cereals in all parts of our country - like *kutaki* and *saama* in Madhya Pradesh, *naachani* in Maharashtra which are considered easily digestible and nutritious. Yet they were not mentioned by the women. This may be due to limitations of the interviewers, or to the disappearance of many indigenous crops.

**Pulses:** Pulses have been mentioned in some states and not in others, according to their routine place in the diet of the community it seems.

**Table 4.2: Pulses eaten or avoided**

(Key: ✓ = eat, ✗ = don't eat, - = women don't report, \* = text-mentioned, □ = not-text mentioned )

Pulses	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* daal	✓	-	-	-	-	-	✓	-	-	-	✓	3
* all pulses	-	-	✓	-	-	-	-	-	-	-	✓	2
* dalia of green gram	-	-	-	-	-	-	-	-	-	✓	-	1
□ bengal gram	✗	-	-	-	-	-	-	-	-	-	-	1

Pulses were said to be part of woman's routine diet in several northern states (Bihar, Gujarat, Uttar Pradesh and Rajasthan).

Elsewhere, pulses (*daals*, lentils, beans, peas) were not mentioned and often they cannot be imagined in the routine diet because of high prices. Commonly, the routine diet consists of a cereal combined with watery vegetable/potato and red or green chillies.

In *ayurveda*, the pulses are ascribed the properties of • creating dryness (*ruksha*) in the body • increasing gases (*vaayu-vardhak*) • heavy to digest, leading to stomach upsets.

Hence, pulses in general should be avoided during pregnancy or eaten in small quantity, after adding herbs and spices that would reduce the heating and gaseous effect. Adding *methi* seeds (fenugreek) or seasoning it with garlic or *hing* (asafoetida) would help reducing the gaseous effect.

Most legumes and pulses, except green gram, cause gas in the body and flatulence, and so they are restricted. Among the various pulses, used whole or as *daal*,

black gram (*urad* or *urid*) is nutritious but heavy to digest and should be avoided in pregnancy, except during winter or if eaten in small quantities;

green gram (*moong*) is nutritious and easy to digest, and is recommended during pregnancy;

bengal gram (*chana*, or chick-pea) is hard to digest and causes stomach and intestinal upsets; its use should be limited in pregnancy. As labour

approaches, *chana* especially is to be avoided as it brings increase in gases (*vaayu*) after child-birth.

If pulses are used in pregnancy, the texts caution that they should first be soaked overnight and the water drained off, then boiled, and again excess water drained before consuming them.

However, in a person of *kafa*-predominant nature, and in an area of extreme climate, pulses can be consumed more freely. This prescription of *ayurveda* seems to be substantiated by women in the northern states who recommend pulses in pregnancy, while in the southern states pulses are not mentioned.

**Milk and milk products:** Women from six mostly northern states recommended milk during pregnancy. **In no state was milk restricted.** Not mentioning milk may be because it is simply not available or ordinarily accessible to women. Milk curds (yogurt) are restricted in three states.

**Table 4.3: Milk and milk products eaten or avoided**

(Key: ✓ = eat, ✗ = don't eat, - = women don't report, \* = text-mentioned, □ = not-text mentioned )

Milk and milk products	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* milk	✓	✓	-	-	-	-	-	✓	✓	✓	✓	6
□ sour butter-milk	✓	✓	-	-	-	-	-	-	-	-	-	2
* ghee	✓	✗	-	-	-	-	-	✗	-	-	-	3
□ curds	-	✗	-	-	-	✗	-	✗	-	-	-	3

In adjacent Gujarat, Maharashtra and Rajasthan, women say curds can cause swelling in pregnancy, but fresh curds are sometimes recommended, as it is • nutritious • appetiser • useful in chronic cold. Particularly in Rajasthan, it is not usually part of the diet as it is in other states. Sour butter-milk is recommended during pregnancy to help digestion by women in Gujarat. The advice regarding *ghee* in pregnancy is contradictory.

In Bihar women are advised to eat *ghee*, but in Gujarat and Rajasthan, *ghee* and oil are avoided during pregnancy.

According to *ayurveda*, milk is an important nutritious food being

- sweet (*madhura*) • oily (*snigdh*), • vitality enhancing (*oja-vardhak*)
- nourishing for the seven *dhatu*s • heat/fire-subsiding (*pitta-shaamaka*)

- *kapha*-elevating • heavy to digest (*guru*).

The qualities change when milk is made into curds. The texts describe the properties of curds thus

- heavy to digest • increasing body heat
- astringent • causing or increasing swelling.

So, *vaidyas* caution against having curds during pregnancy. However, if part of the usual diet it may be alright. When ever curds are allowed or recommended, they should be eaten with other foods like *moong daal*, *ghee*, *honey*, *sugar* or *jaggery*. Curds should be avoided when they are sour, or not properly set. They should not be eaten at night and during spring (*vasanta*), summer (*greeshma*) and autumn (*sharada*) seasons.



Butter-milk is beneficial

*Ayurveda* recognises that butter-milk (*takra*) has good digestive properties and is beneficial during pregnancy, but warns against letting it get sour.

*Ghee* (*ghrita*) and vegetable oils are nutritious and strength-giving and should be consumed during pregnancy. But, according to *ayurveda*, foods fried in *ghee*, oil and vegetable *ghee* (*vanaspati*) are *guru* (heavy to digest). So, fried foods should be avoided during pregnancy and otherwise.

**Vegetables:** Women from nine states, except *Orissa* and *Uttar Pradesh* recommended eating all vegetables, including leafy vegetables during pregnancy.

**Table 4.4: Vegetables eaten or avoided**

(key : ✓ = eat, ✗ = don't eat, - = women don't report, \* = text-mentioned, □ = not text-mentioned)

Vegetables	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* all	✓	✓	✓	✓	✓	✓	-	✓	✓	-	✓	9
* chillies	-	-	-	-	-	-	-	✗	-	✗	✗	4
* brinjal	-	✗	-	✗	-	-	✗	-	-	-	-	3
* lady finger	-	-	-	-	-	-	-	✗	✗	-	-	2
□ jackfruit	-	-	-	-	-	-	✗	-	✗	-	-	2
□ potato	✗	-	-	-	-	-	-	✗	-	-	-	2
□ bitter ground	-	-	-	-	-	-	-	✗	-	-	-	1
□ ripe cucumber	-	-	-	-	-	-	✗	-	-	-	-	1
* drumstick	-	-	-	-	-	-	-	-	-	-	✓	1

Jackfruit is considered heavy to digest, and so it is avoided in Madhya Pradesh and Tamil Nadu • potatoes and lady-finger produce gases and should be avoided, say women in Tamil Nadu and Gujarat • ripe cucumber increases pitta and is to be avoided according to women from Orissa • bitter-gourd (*karela*), should be avoided according to woman in Rajasthan. • brinjal (Aubergine, egg plant) is heating and should be avoided according to women in Gujarat, Kerala and Orissa • chillies increase pitta and should be avoided according to women from Maharashtra, Rajasthan, Uttar Pradesh and West Bengal • in Uttar Pradesh, women recommended eating drumsticks.

Interestingly, perhaps, none of the green leafy vegetables is restricted. The *ayurvedic* texts recommend vegetables which are sweet and cooling during pregnancy. However they have specifically restricted some of these and their properties are • garlic...heating • onion...heating • yam...irritant for the whole body • mustard leaves...disturbs *vaayu-pitta-kafa* • overgrown radish...disturbs *vaayu-pitta-kafa* • coriander leaves...bitter, increase urine.

**Fruits:** While not many women mentioned fruits at all,

**Table 4.5: fruits eaten or avoided**

(Key: ✓ = eat, ✗ = don't eat, - = women don't report, \* = text-mentioned, □ = not-text mentioned )

Fruits	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
□ pappya	-	-	✗	✗	✗	✗	✗	-	✗	-	-	6
* bananas	-	-	-	-	✗	-	✗	✗	-	-	-	3
□ dried juice of mango	-	-	-	-	-	✓	-	-	✓	-	-	2
* coconut	-	-	-	-	✗	-	-	✗	-	-	-	2
* all fruits	-	-	-	-	-	-	✗	-	-	✓	-	2
□ green plantain	-	-	✗	-	-	-	-	-	✗	-	-	2
□ pineapple	-	-	-	-	-	-	-	✗	-	-	-	1
* lemon	-	-	-	-	-	✓	-	-	-	-	-	1
* jujube (berries)	-	-	-	-	-	-	✓	-	-	-	-	1
□ mohua	-	-	-	-	-	-	-	-	✗	-	-	1



Sweet and cooling vegetables are eaten

Women in Uttar Pradesh were advised all kinds of fruits;

In Orissa all kinds of fruits were discouraged, but at the same time, locally available sour fruits are fine;

In Karnataka, Kerala, Maharashtra, Madhya Pradesh, Orissa and Uttar Pradesh, papaya is restricted for the fear of miscarriage; *ayurveda* confirms this fear in case of raw papaya and restricts papaya especially in the first three months of pregnancy;

In Maharashtra, Rajasthan and Orissa banana (*kela*) is feared to cause difficult, delayed or obstructed child-birth, as mentioned before.

Women also believe that eating cold foods particularly during the last three months, would lead to *cold* labour pains and cause delay in child birth. Ayurveda recommends eating or drinking hot foods and herbs in order to facilitate labour. Therefore fruits like banana and other cold foods are restricted during pregnancy.

We noted with surprise, that women did not talk of local fruits like guava (*amarood*) custard apple (*sitaphal*), berries (*ber*) goose berry (*amla*) *karaonda*, *bael*. It is possible that woman consider these local fruits safe for eating during pregnancy and therefore do not restrict them.

Ayurvedic texts support the use of locally available fruit in the diet during pregnancy. There are no major restrictions. The following list provides details regarding the local fruits that should be consumed during pregnancy.

● <i>Angoor</i> (grapes)... best fruit, <i>vrushya</i> , cooling, nourishes all the seven <i>dhatu</i>	● <i>Anaar</i> (pomegranate)... good for improving taste, appetite, astringent, light
● <i>Kela</i> (banana)... nourishing, heavy, cooling, increases <i>kafa</i> , subsides <i>pitta</i> .	● <i>Aam</i> (mango)... (unripe) sour, <i>pitta-vaat</i> <i>karak</i> (ripe) heavy, subsides <i>vaayu</i> .
● <i>Katahar</i> jackfruit(ripe)... sweet, cooling, heavy to digest	● <i>Anvla</i> (goose-berry)... only fruit having five <i>rasa</i> except salty, considered <i>amrit</i>
● <i>Khajoor</i> (dates)... nutritive, cooling.	● <i>Karonda</i> ... sour, subside <i>vaayu</i>
● <i>Nariyal</i> (coconut)... nutritive, cooling	● Big lime... sour, <i>vaat-shamak</i> , appetiser
● <i>Faalsa</i> ... sweet, sour, cooling, appetiser	● <i>khirini</i> ... sweet, cooling
● <i>Taad</i> ... sweet, cooling, nutritive	● <i>Ber</i> (berries)... sweet-sour, appetising

**Non-vegetarian foods:** Regarding advice about non-vegetarian foods - meats, fish and eggs - the data was not large, but there is a lot of variety. Non-vegetarian foods are generally considered to be 'hot'. They may be advised in pregnancy for their strength-giving effects, if they are locally

available. Women are cautioned to avoid excess. Consider Table 4.6.

**Table 4.6: Non-vegetarian foods eaten or avoided**

(Key: ✓ = eat, ✗ = don't eat, - = women don't report, \* = text-mentioned, □ = not-text mentioned )

Non-vegetarian	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* any meat/mutton	✓	✓	-	-	-	-	-	✗	-	-	-	3
□ mutton of rabbit	-	-	✗	-	✗	-	-	-	-	-	-	2
* goat's meat	-	-	-	-	-	-	-	✓	-	-	-	1
□ sheep's meat	-	-	-	-	-	-	-	✗	-	-	-	1
□ chicken	-	-	-	-	✗	-	-	-	-	-	-	2
* fish	-	-	✗	-	-	-	-	-	-	-	✓	2
* dry fish	-	-	-	-	-	-	✗	-	✗	-	-	2
* sea fish	-	-	-	-	-	-	✗	-	-	-	-	1
□ pork	-	-	-	-	-	-	-	✗	-	-	-	1
* eggs	✓	-	-	-	✗	-	-	✗✓	-	✗✓	-	4

**Meats:** In Bihar and Gujarat, all sorts of meat are advised. In Karnataka, women are advised goat's meat during pregnancy. All meats are restricted in Karnataka. In Maharashtra and Karnataka, rabbits' meat is restricted. In Tamil Nadu sheeps' meat is restricted.

According to *ayurveda*, the various meats have different properties. Goat's meat is lean and has properties similar to *raagi* - it is comparatively less heating. As goat eats smaller plants, moves quite a lot, its flesh is easier to digest. Also, it is said to be similar to human flesh, so it will cause the least disturbance. It should already be part of the local diet. It is more suitable for women of *kafa* and *pitta* dominant *prakriti*.

*Ayurveda* advises washing meat thoroughly, then cooking it completely without using much oil or spices. The texts also recommend consuming meat soups (*maans rasa*) rather than whole meat with plenty of oil or *ghee*. This, is nourishing and normalises the functioning of *vaayu*.

Eggs may be advised in pregnancy, but not always.

Eggs were recommended by women from Bihar, Tamil Nadu and West Bengal. They do not specify whether to eat chicken eggs, duck eggs, pigeon eggs...

According to the *shastras*, a reason why eggs are good during pregnancy is that the changes in a woman's body, during pregnancy correspond to the properties of egg.

Advices regarding sea-food naturally came from the coastal regions.

Women from Karnataka advised against eating fish, but in West Bengal, fish is recommended. In Orissa, they advised against eating sea-fish and shrimp, while river-water fish was perfectly alright to eat. In Tamil Nadu and Orissa, they advised against eating dried fish during pregnancy.

According to *ayurveda*, fish and other aquatic animals have properties that increase *kafa*. They are heavy to digest. Therefore, except in areas where fish is usual in the diet and the woman accustomed to it, it is best to avoid sea-foods during pregnancy.

**Other foods:** Women from nine states, except Karnataka and Kerala, reported numerous other foods that were restricted or recommended. Consider Table 4.7.

**Table 4.7: Other foods eaten or avoided**

(Key: ✓ = eat, ✗ = don't eat, - = women don't report, \* = text-mentioned, □ = not-text mentioned )

Foods	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
□ groundnut	-	✗	-	-	✗	-	-	✓	-	-	-	3
* sour Foods	-	-	-	-	-	-	-	✗	✓	-	✗	3
* jaggery	-	-	-	-	-	-	-	✗	-	-	✗	2
* old tamarind	-	-	-	-	-	-	✓	-	-	-	-	1
* liquid foods	✓	✓	-	-	-	-	-	-	-	✓	-	1
* sweets	-	-	-	-	-	-	-	-	✓	-	-	1
* dry fruits	-	-	-	-	-	-	-	-	-	✓	-	1
* dry dates boiled in milk	-	-	-	-	-	-	-	-	-	✓	-	1
* plenty of water	-	-	-	-	-	-	-	-	-	-	✓	1
□ protiens	-	-	-	-	-	-	-	-	-	-	✓	1
* oil	-	-	-	-	-	-	-	✗	-	-	-	1
□ mushroom	-	-	-	-	-	-	✗	-	-	-	-	1
□ arisa cake	-	-	-	-	-	-	✗	-	-	-	-	1
□ tea	-	-	-	-	-	-	✗	-	-	-	-	1
□ pickle	-	-	-	-	-	-	-	-	-	✗	-	1
□ molasses cake	-	-	-	-	-	-	✗	-	-	-	-	1

Tea was restricted during pregnancy only in Rajasthan.

Sour foods were restricted in Rajasthan and West Bengal but recommended in Tamil Nadu.

Ground-nut was restricted in Gujarat and Maharashtra but recommended in Rajasthan.

Dry fruits and dry dates boiled with milk are recommended by women in Uttar Pradesh.

Jaggery was restricted in West Bengal and in Orissa along with other apparently similar things like 'molasses cake' and 'arisa cake'.



## What do women say about activity-restrictions ?

Fifty activities were listed from the eleven states. Thirty nine are restricted, and eleven are recommended. There are contradictions in the data. For example, some women in West Bengal restrict house-work whereas some recommend. In any case, there are comparatively more restrictions.

The activities are divided into

- house hold work
- outside at home
- rest and sleep
- mental activity
- sexual activity
- personal hygiene
- travel.

The details are enlisted in Tables 4.8 to 4.11. More than two thirds (37 out of 50) of these advises regarding activity are supported by the shastras.

**House-hold work :** For a woman of reproductive age, routine house-hold work usually includes food preparation, preservation, grinding and cooking, cleaning, sweeping, scrubbing vessels and washing clothes, child-care and child-tending. Often, it also includes fodder-and-fuel gathering, water fetching and tending the house-hold animals. It may also include aspects of family farm-work like weeding and plucking vegetables and marketing.

Generally, routine 'house-hold work' is taken for granted and it is not considered strenuous. Consider Table 4.8.

Table 4.8: Work related restrictions

(Key: ✓ = do, ✗ = don't, - = women don't report, \* = text-mentioned, □ = not-text mentioned )

Work	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* all light work	✓	✓	-	✓	✓	✓	✓	✓	✓	-	✓ ✗	9
* lifting heavy weight	✗	✗	✗	-	✗	✗	-	✗✓	✓	-	✗	8
* sweeping/scrubbing	✓	✓	✓	-	-	-	-	✓	-	-	✓	5
□ fetching water	-	-	✓	-	-	-	-	✗✓	✗	✓	✗✓	5
* grinding by handmill	-	-	-	-	-	-	-	✓	-	✓	✓	3
* tiring jobs	-	-	-	-	-	✗	-	-	✗	-	✗	3
* walking	✓	✗	-	-	-	-	-	-	✓	-	-	3
* running	-	-	-	-	-	✗	✗	✗	-	-	-	3
□ fetching firewood	✓	-	-	-	-	-	-	✓	-	-	-	2
* cooking,cleaning,washing	-	✓	-	-	-	-	-	-	-	-	✓	2
* hard work	-	✗	-	-	-	-	-	-	✗	-	-	2
* climbing hills	-	✗	✗	-	-	-	-	-	-	-	-	2
* farm work	-	-	✗	-	-	-	-	-	-	-	-	1
□ boiling paddy	-	-	-	-	-	-	-	-	-	-	✗	1
* work in field	-	✓	-	-	-	-	-	-	-	-	-	1
* work under sun	-	✗	-	-	-	-	-	-	-	-	-	1
* restful work	-	-	-	-	-	-	-	-	-	✓	-	1
* bend too much	✗	-	-	-	-	-	-	-	-	-	-	1
* sitting on hard surface	-	✗	-	-	-	-	-	-	-	-	-	1
□ stitching mattress	-	✗	-	-	-	-	-	-	-	-	-	1
□ touch grains	-	-	✗	-	-	-	-	-	-	-	-	1
□ knit wool	✗	-	-	-	-	-	-	-	-	-	-	1
total	7	11	6	1	3	4	2	6	6	3	8	

In nine states women said they are expected to continue doing household work through out pregnancy.

In five states, women specially mentioned that sweeping the floor is good in pregnancy.

In Karnataka, Madhya Pradesh, West Bengal and Tamil Nadu, women are advised to avoid 'hard work' and exertion. In Uttar Pradesh, 'restful work' was specially advised. In Gujarat, women are cautioned to avoid working under the sun.

In West Bengal, women can avoid cooking if they want to, during pregnancy. They may refrain from sweeping or scrubbing the floor, too, if they like.

Women from seven states said it is not good to lift heavy weights during pregnancy, as it puts strain on the back as well as on the womb. (Of course, children don't weigh anything.)



*It is not good to lift heavy weights during pregnancy.*

Women from West Bengal, Rajasthan and Tamil Nadu, abstain from fetching water.

These advises and permissions during pregnancy are among those contained in the texts of *ayurveda*. On one hand, a woman is advised to continue her usual house-hold work, without exerting herself, on the other hand, as a woman's wishes during pregnancy need to be fulfilled, the woman's desire to do less work gets some respect. In the early months, she may not feel like cooking because of nausea. As her womb grows, she may find sitting in some positions uncomfortable or impossible.

*Ayurveda* specifically cautions women to avoid lifting heavy weights, doing accident-prone work or tasks that involve straining postures and pressure on her abdomen. Further, women are cautioned to avoid working in heat or near fire for very long.

**Outside work :** In rural areas, women spend long hours working in the fields under the sun or in the rains.

A study carried out in Maharashtra has found a high incidence of still-births, premature births and newborn deaths during the peak season for rice cultivation, when all persons in the community, even full term pregnant women, work in the fields the whole day. It involves squatting and bending for hours. Such prolonged physical strain and pressure on the womb explains the findings (FRCH, 1989).

Women know that outside- work has an effect on their bodies which could also influence the growth and development of the foetus. Therefore,

Women in Karnataka and West Bengal advise against working in the farm and boiling paddy but women from Gujarat advise to continue working in the field.



*Outside- work has an effect on our bodies which could also influence the growth and development of the foetus.*

The fact that restrictions related to occupational activities are reported by women in only three states indicates one of the major responsibility of women - as bread winners. Considering it as a part of their daily lives, women cannot separate themselves from work, even when they know that it could be harmful during pregnancy.

**Sleep and rest :** There were numerous restrictions regarding sleep and rest, indicating its significance in women's lives. As we know, food and work are intimately related. During pregnancy, a woman's need for food increases, as does the energy which her body spends through reproductive

work. Enough rest and sleep are important to help her make up the deficit. As discussed in earlier chapters of confirming pregnancy and desires during pregnancy, women do feel tired and sleepy. Consider Table 4.9.

**Table 4.9: Sleep and rest related restrictions**

(Key: ✓ = do, ✗ = don't, - = women don't report, \* = text-mentioned, □ = not-text mentioned )

Activity	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* lying flat on back	-	✗	-	-	✗	✗	✗	✗	✗	-	✗	7
* excessive sleeping	✗	-	-	-	-	✗	-	✗	✗	-	✗	5
□ sleeping on one side	-	✗	-	-	-	-	-	✓	-	-	-	2
* sleeping on belly	-	-	-	-	-	✗	-	-	✗	-	-	2
□ take rest	-	-	-	-	-	-	-	-	-	✗	-	1
□ sleep on left side	-	-	-	-	-	-	-	-	✗	-	-	1
□ roll in bed	-	-	-	-	-	-	-	-	✗	-	-	1
□ sleep in transverse position	-	✗	-	-	-	-	-	-	-	-	-	1
total	1	3	-	-	1	3	1	3	5	1	2	

In Bihar, Madhya Pradesh, Rajasthan, Tamil Nadu and West Bengal women said that too much sleep must be avoided.

Women from seven states, said that a woman who is pregnant must not sleep flat on her back, as the cord may wind around the neck of the foetus. They also said that sleeping on her belly is bad for the woman and foetus as it puts pressure on the womb. In Tamil Nadu, women advise against sleeping on the left side and rolling about.

*Ayurveda* clearly says that sleep is an essential pillar of health. The suitable number of hours depends on individuals. The texts recommend that a woman who is pregnant should sleep early. She should avoid sleeping on very soft or very hard beds. She should avoid sleeping on high places, from where she could fall. Except in the hot summer season, she should not sleep during the day. Shaastric advice regarding sleeping positions is peculiar, and somewhat contradictory. *Ayurveda* does not specify one side or the other.

Western medicine describes foetal distress due to pressure on the major blood vessels, which sometimes happens when a woman sleeps on her right side. Shifting to her left side relieves the distressed movements and disturbed heart-beat of the foetus.

**Mental activity :** People believe that the thoughts and feelings of a woman during pregnancy directly affects the baby in the womb.

**Table 4.10: Mental and other activity related restrictions.**

(Key: ✓ = do, ✗ = don't, - = women don't report, \* = text-mentioned, □ = not-text mentioned )

Mental activity	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* peeping in deep well	-	-	-	-	✗	✗	-	-	-	-	-	2
* see dead bodies	✗	-	-	-	-	-	-	✗	-	-	-	2
* quarell	-	-	-	-	-	-	✗	-	-	✗	-	2
* unpleasant thought	-	-	✗	✗	-	-	-	-	-	-	-	2
* spiritual thinking	-	-	-	-	-	-	✓	✓	-	-	-	2
* talking loudly	-	-	-	-	-	-	✗	-	-	-	-	1
* bath daily	-	-	-	-	-	-	-	-	✓	-	-	1
* go to a haunted palce	-	-	-	-	-	-	-	-	✗	-	-	1
* go out at night	-	-	-	-	-	-	✗	-	-	-	-	1
* good thinking	-	-	-	-	-	-	-	-	✓	-	-	1
□ kill a snake	✗	-	-	-	-	-	-	-	-	-	-	1
□ look at solar eclipse	-	-	-	-	-	-	-	-	-	-	✗	1
total	1	-	3	1	1	1	4	1	4	1	1	



Women are specially cautioned against looking at a solar eclipse.

In Orissa and Tamil Nadu, thinking of good things and spiritual activities were stressed.

In Gujarat and Kerala, women were urged to avoid unpleasant thoughts.

In Maharashtra, Gujarat, Rajasthan, Madhya Pradesh, West Bengal and most other states, during pregnancy, women are specially cautioned against looking at a **solar eclipse**. It is believed to deform the un-born child.

**Sexual activity :** Sexual intercourse is believed to injure the foetus.

In eight states, sexual intercourse is restricted in various phases of

pregnancy. Usually considered 'bad', sex may be discouraged to preserve good moral character in the foetus. Some say that, if the foetus is female, intercourse during pregnancy is a form of incest between father and daughter. The *shastras* advise abstaining from intercourse during pregnancy to avoid miscarriage or premature birth. Consider Table 4.11.

**Table 4.11: Sexual activity related restrictions**

(Key: ✓ = do, ✗ = don't, - = women don't report, \* = text-mentioned, □ = not-text mentioned )

Activity	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* intercourse	-	✗	✗	-	-	✗	-	-	✗	-	✗	5
□ intercourse after 7 months	✗	-	-	-	-	-	-	✗	-	-	-	2
□ excessive intercourse	-	-	-	✗	-	-	-	-	-	-	-	1

Allopathic science has generally laid no restrictions on intercourse in pregnancy. But care is advised in the first three and last three months to avoid mishaps and also discomfort for the woman.

**Travel :** The main reason given for avoiding travel while pregnant is to avoid jolts and accidents. But the bad effects of strange foods, water, climate, people and spirits are also feared. During pregnancy, women are thought to be especially vulnerable to 'evil spirits and someone's evil eye'.

In Orissa, Rajasthan and Uttar Pradesh, all means of travel aside from short-distance walking is restricted, for fear of miscarriage or premature child-birth. In Uttar Pradesh, women are allowed to do a job if it does not mean moving out of place.

On the other hand, traveling with care could give a woman a change of scene and improve her mood. This is one reason for the tradition of a young woman going to stay at her 'mother's place' for the first child-birth. The *ayurvedic* texts also advise against traveling to avoid jerks leading to miscarriage and premature child-birth.



## What do *shastras* say about diet and activities ?

As a recently planted sapling is destroyed by strong heat and wind, the young foetus can be dislodged or deformed by unwholesome food and activities. (translation of a shloka from Charaka Samhita)

Ayurveda lays out the principles for achieving health of woman-and-

child based on 'right diet' (*aahaara*) and 'right activities' (*vihaara*). In order to keep healthy it is important that the woman eats and moves according to her body requirements and which are considered wholesome. Both diet and activities are integral part of the traditional health care.

The texts of *ayurveda* recommend foods in pregnancy according to the local diet, the season of the year, the woman's constitution and digestive capacity and the *dravya-guna* (properties of substances) of the foods.

### Diet and activities that are recommended during pregnancy

**Diet:** During pregnancy a woman's ideal diet would be •pleasant • liquid • sweet • nourishing and would include foods which stimulate her digestive power and impart strength. Her diet should be chosen in accordance with her *prakriti* (constitution). Bitter foods, the opposite of sweet, are not good for her.

The basic constitution or nature of a person is called *prakriti*. It is identified by an array of characteristics which a person experiences. Based on the degree of combination of the three *doshas*, there are seven types of *shaaririk prakriti*. They are •*vaata* •*vaata+pitta* •*vaata+pitta+kafa* •*pitta* •*pitta+kafa* •*kafa* •*kafa+vaata*. The texts mention three types of *manasik prakriti* (mental make-up) or *gunas* •*saatvic* •*raajasic* •*taamsic*

A woman who is pregnant should eat when she is hungry. Her diet should be modified according to the season cooling, light liquid diet during summer and more fatty diet during winter.

While eating her meal, the surroundings should be clean, pleasant and carefree. She should be able to taste and enjoy the flavor of the food. The food should be warm and pleasant, clean and fresh, fully cooked and easily digestible. It should consist of all the six tastes • sweet •sour •bitter •salt •astringent •pungent.

The texts advise against excessive use of bitter, salty, pungent and astringent tastes as they hinder the nourishment of the seven *dhatu*. The diet should be adjusted so that her stomach is •one-third filled with solids •one-third with an equal amount of liquids • one-third left empty for free movement of gases and proper digestion. Instead of eating one large meal, she should eat small quantities at frequent intervals. There is also an order

to consuming the meal •first, sweet and fatty foods •next, the cold foods •then, the hot and spicy, dry and light foods •and at the end, butter-milk for digestion. Accordingly, the following foods are good in pregnancy:

Cereals	:	•barley •baajri •jowar •raagi •red rice •rice •wheat
Pulses	:	•bengal gram ( <i>chana</i> ) •horse gram ( <i>kulath</i> ) •green gram ( <i>moong</i> ) •peas ( <i>matar</i> ) •pigeon pea ( <i>tuvar</i> ) •lentil ( <i>masoor</i> ) •all daals
Meats	:	•deer •goat •quail •pigeon •rohit & chuluki fish •cock
Milk products	:	•milk •curds •buttermilk •butter •ghee
Vegetables	:	•jeevanti •tender radish •snake-gourd •amaranthus

**Activities:** The woman should stay clean, well-dressed and be happy and content. She should be enabled to do things which make her feel happy. Prayerful meditation is good for her and for her child-to-be. She should sit and sleep on a reasonably soft seat and bed. She should follow ordinary rules of good conduct. Her activities should be appropriate for her constitution. For example, if the woman has a *pitta* predominant *prakriti*, she should avoid staying in/near the heat or sun.

### Diet and activities that are restricted during pregnancy

**Diet:** Remaining hungry, fasting or eating •hot •pungent •heavy •constipating •dry and stale •putrid •irritating •alcoholic items •and garlic •onion •cold water •clay •yam are not recommended.

**Activity:** Excessive coitus •excessive exercise •late nights •sleeping in very soft, very hard and high places •exertion •carrying heavy load •traveling •sleeping during day (except summers) •assuming abnormal, uncomfortable postures •squatting •riding animals are to be avoided.

**Emotions:** Avoid •fear •sorrow •anger •visiting empty houses or cemetery (to avoid shock and negative feelings)

**Treatments:** *Panchkarma* is a special *ayurvedic* therapy, wherein the *doshas* are first increased and loosened and then removed through emesis (*vamana*) purgation (*virechana*) and enema (*basti*). *Panchkarmas:* •snehan/ *swedan* •*vamana* •*virechana* •*basti* •*rakta mokshan* are restricted

**Dress:** A woman who is pregnant should wear light, loose and clean clothing. Heavy, tight, red-coloured and soiled clothes should not be worn.

**Natural urges:** Fourteen natural urges • urination • defecation • hunger • vomiting • crying • desire of sex • thirst • flatus • burping • coughing • sneezing • sleep • yawning • breathlessness should not be suppressed.

**Habits of hygiene :** One must avoid • not bathing • touching dirty persons and dirty parts • foul-smelling articles • foul-smelling food.

### Women advise or avoid...

There is widespread knowledge of the effects of foods during pregnancy and otherwise. Food is chosen and consumed according to local availability, the geography of the region, the socio-economic and even political realities and compatibility of foods with the *prakriti* (constitution) of the woman.

The findings of this study show that in rice-eating areas, women consume a lot of green leafy vegetables, whereas women in wheat-eating areas seem to prefer tubers and gourds. In general, there was less stress on pulses and more on milk and milk products during pregnancy. The general food pattern revealed by the survey has support in the ayurvedic texts. Relatively few foods were restricted during pregnancy. Yet on certain foods, restriction appears due to a wide-spread false idea that the foetus somehow shares the 'stomach' with the food.

- Efforts should clarify human anatomy to communities and, at the same time, put stress on the nutritive qualities of particular foods and enhanced need in pregnancy • Ways of tackling the problem of availability and disappearance of traditional foods must be sought.

The issue of restrictions and recommendations for women in pregnancy is linked with the social status of women. Nutritious and costly foods are often withheld. Frequently under the guise of caring about her foetus, the woman is controlled and deprived. Restriction of activities for a pregnant woman by and large control her mobility and her mind.

Education must value women and women's work, and give people a correct idea of enhanced energy expenditure in pregnancy to be met by diet, rest and activity.

Apart from the lacunae, there is ample scope for enriching awareness efforts for care during pregnancy with knowledge which the people already have.

## CHAPTER - V

### LOSS OF PREGNANCY

*Kachha ghada phootne mey jyaada takleef hoti hai... (With the shattering of an un-baked earthen pot the suffering is more... women in Rajasthan)*

Women use images of earthen pots breaking, flowers or fruits falling, to symbolise the loss of pregnancy. *kachha ghada phoota* (UP, Rajasthan),

*phool jhade* (Madhya Pradesh), *kaacho padi gayo* (Rajasthan), *garbha-alasyam* (Kerala) are some of the terms used to describe miscarriages.

In English, human embryo death and its exit from the womb if unintended is called miscarriage, or if caused purposefully it is called abortion. Spontaneous abortion and induced abortion are terms that doctors use.



*Women use images to symbolise loss of pregnancy.*

Miscarriages are not uncommon among women in India. In the west, research has estimated that between fifteen to thirty conceptions out of a hundred are miscarried. Most are 'silent', near the time of the expected menstrual period. Early miscarriages are now largely understood as natural selection by a woman's body to weed out genetically blighted embryos. But early miscarriages can also result from poverty-linked and gender-tainted factors like under-nutrition, infections, work stress, accidents, domestic violence and so on.

In India, nothing is known about how often miscarriages *really* happen. Even for a woman herself, it is sometimes difficult to tell between a very early miscarriage and a menstrual period. And, if the family members come to know, she may be held to blame. Treatment aside, they may pressurise her to conceive sooner.

The likely total number of abortions and miscarriages is estimated to be about 11.2 million. About 6.7 million of these are induced, including MTPs, and 4.5 million are miscarriages. This gives an overall abortion/miscarriage rate of 452 per thousand live births (Chhabra & Nuna, 1992.)

The problem of induced abortion is equally complicated. In India, 'medical termination of pregnancy' (MTP) is the common term for abortion when performed in a hospital or clinic. It was legalised in 1975. Twenty years later, however, MTP is still not available for most women, especially in rural areas.

Official data for 1991-92 show 0.6 million MTPs, and for every MTP there may be ten or more (sixty lakhs of) abortions uncovered by law...

Unsafe attempts at abortion result in about 14% of women's deaths related to pregnancy (Bhatia, 1985.)

In rural India, this amounts to about fifteen to twenty thousand women including teen-aged girls dying every year, and many others who are injured. Factors in women's 'choice' of unsafe or illegal abortion include: • poor access to safe legal abortion services • little control over domestic resources • little part in house-hold decision-making • cultural taboos against abortion, and • various desperate circumstances.

A woman needs money, time, energy and permission to reach a faraway hospital for a legal and supposedly safe MTP. Then, the staff must be there and respond to her. Even at a government facility, there is 'extra' expense for service and medicines and pressure to 'accept' family planning. On top of it all, most health centres and hospitals brim with filth and carelessness.

Arranging to leave her home and house-hold chores may be a woman's biggest problem. Generally people abort her pregnancy if she has concieved in marriage, so they are suspicious. Within marriage for the sake of having a male child, in-laws may force her to go on with the pregnancy.

Miscarriages and abortions can lead to serious problems from blood loss and injuries. Anaemia makes a woman more open to infections of the womb and pelvic area. Especially after unsafe abortion, this may cause not only ill-health but also inability to bear a child in future.

Experienced women and *dais* were asked to focus on the causes of miscarriage and the methods used to induce abortion, and to list them drawing on their experience and beliefs.



## What do women say about causes of miscarriages?

Information was gathered from women in ten states, except Karnataka, from which we have listed eighteen perceived causes of miscarriage. Women

spoke from the context of day-to-day life and the framework of traditional understandings. Table 5.1 indicates the state-wise prevalence of each particular cause as reported.

**Table 5.1: Beliefs about causes of miscarriage**

(Key: ✓ = women report, - = don't report, \* = text-mentioned, □ = not text-mentioned)

Causes	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
<b>BELIEF RELATED</b>												
□ evil spirits	✓	✓	-	-	✓	✓	-	✓	✓	✓	✓	8
<b>ACTIVITY RELATED</b>												
* weakness/exhaustion	-	✓	-	-	✓	✓	-	✓	✓	-	-	6
* fall/injury/jump	✓	✓	-	-	✓	✓	✓	-	-	-	✓	6
* lifting weight	✓	✓	-	-	✓	-	-	✓	-	✓	-	5
* hard work	-	✓	-	-	✓	-	-	✓	✓	✓	-	5
* too much sex	✓	✓	-	-	-	-	✓	-	-	-	✓	4
* climbing stairs	-	-	-	-	-	-	-	-	-	✓	-	1
<b>EMOTION RELATED</b>												
* 'shock'	-	-	-	-	✓	-	-	-	✓	✓	-	3
□ child not wanted	✓	-	-	-	-	-	-	✓	-	-	-	2
□ craving unmet	-	-	-	-	✓	-	-	-	-	-	-	1
<b>DIET RELATED</b>												
* heat in body	✓	-	-	-	-	-	✓	✓	✓	✓	✓	6
* drinking liquor	-	✓	-	-	-	✓	-	✓	-	-	-	3
* not enough blood	✓	-	-	-	✓	-	-	-	-	-	-	2
□ outside foods	-	-	-	-	✓	-	-	-	-	✓	-	2
<b>OTHER FACTORS</b>												
* medicines	✓	✓	-	-	-	-	-	✓	✓	✓	-	5
* early marriage	✓	✓	-	-	-	-	✓	-	-	-	✓	4
* major illness	✓	-	-	✓	-	-	-	-	-	-	-	2
* weakness of womb	-	-	-	✓	-	-	-	-	-	-	-	1
<b>totals</b>	10	9	0	2	9	4	4	8	6	9	5	

The most common cause of miscarriage given from eight states is the effect of some (woman's) evil eye or *nazar*. Or, it may be the work of an irritated *devta* or scheming *churail* (spirit of a dead woman, or a witch).

They say that 'bad' and 'barren' women become *dakin*, *dain*, *churail*... (witches) gain the power to cast a spell causing a woman to miscarry. In fact, in many states women are singled out as witches.

If a woman is childless or has only daughters, or if she is rebellious or exceptional, and stands up against social and political atrocities, she can be labeled as a witch and tortured.

After a woman miscarries, she may go to a shrine or temple, or to a place or person renowned for warding off evil spirits. It usually includes sacrificing a goat or a hen, giving some grain and cloth to the priest or healer, and agreeing to abstain from some foods (like jaggery, oil, coconut...). When desperate enough, the woman herself becomes involved in practicing occult rites and rituals, or witch-craft.

This complex of rituals and beliefs sustains the myth that women alone cause mishaps of child-bearing. Even though the causes may lie with society or the male partner, the woman must continue to suffer. And, false faith allows everyone to escape the need for tests and treatment.

The texts contain areas of healing called '*daiva vyapaashraya chikitsa*' and '*bhoota vidya*', which we might understand as faith-healing. While they do not point to entities like evil spirits as causes of miscarriage, they discuss supernatural influences like *graha* (inhabitations) and *bhoota* (spirit-beings) and how they can affect one's body. We need not discuss this twilight branch of *ayurveda* here, beyond pointing out that, unlike western health science, both local health traditions and the formal *shaastric* streams of medicine in our country recognise effects beyond ordinary human understanding.

Numerous causes were not related to diet. On the face of it, they are related to activities, yet they speak of the overall conditions in which women live. For instance,

- falls & injury may indicate domestic violence
- lifting weights & hard work point to over-work
- excessive intercourse may mean marital rape
- early marriage indicates lack of control over lives
- 'shock' speaks of the harsh realities women face
- cravings not fulfilled indicates women's low status
- child not desired reveals women's lack of control over their bodies and fertility.

Under these circumstances, it seems callous for the *shaastras* to merely explain in text-book fashion how excessive intercourse and emotional stress brings about imbalance of *vaayu* with vitiation of *apaan vaayu*.

If asked about 'shock', perhaps women from more states would agree that a strong emotional jolt is likely to cause a woman to miscarry.

Women from Bihar and Rajasthan said that if a woman does not desire a child, her body casts out the foetus.

This reveals the folk belief in mind-and-body union. In the classical texts, 'not wanting the child' is not specifically mentioned among the causes of miscarriage, but they advise women to avoid negative emotions in pregnancy. Much importance is given to mind-and-body relations throughout *ayurveda*.

The *shaastras* state that 'unmet cravings during pregnancy' sometimes cause deformities in the infant. However, it is not suggested that unfulfilled cravings might cause miscarriage.

'Taking medicines' during pregnancy sometimes leads to miscarriage, as data from five states testifies. The women did not name any medicines responsible, but they make an important point in appreciating *not to take medicines during pregnancy*.

*Shaastras* do not specifically warn against 'climbing ladders and stair-cases'. But if a woman falls while climbing, she may miscarry. So, climbing anything should be done with care, without exertion or a heavy load.

Early teenage pregnancy was reported as a cause of miscarriage by women in only four states, despite child-marriage still being prevalent in several more states. The *shaastras* say that if a girl conceives before her late teens, her body is not mature enough to nourish or carry the embryo. As a result, her womb may not hold a foetus, and her body may outright reject it, again through the action of *apaan vaayu*.

'Anaemia' was reported in only two states, yet we know it is a nearly universal factor in miscarriages. While poor nutrition and anaemia need urgent attention, instead the woman may be asked not to eat nutritious foods! Tending to see anemia as part of normal life, few women think it causes miscarriage. The *shaastras* say that if a woman is under-fed and thin,

she lacks enough body substance to nourish the embryo in her womb. *Apaan vaayu* gets vitiated and her womb may expel the foetus.

‘Liquor’ enters quickly and easily into minute body spaces and particles to generate heat. Therefore, it is logical that it could cause a woman to miscarry, although we found no such mention in the texts. Perhaps, women in ‘good society’ even long ago were not likely to consume liquor. Presently, we shall see that liquor is relied upon as an effective although risky home-method for inducing abortion particularly in socio-economically disadvantaged groups and tribal communities in our country.

Some causes given are more medical in nature, which may reflect a higher level of development and health services in the state.

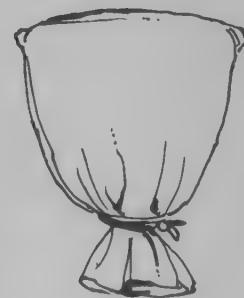
In Kerala women spoke of only two reasons for miscarriage - major illness and cervical incompetence.

Miscarriage during ‘major illnesses’ may be well known in other states, and yet this factor may be subsumed in other perceived causes like spirits or heat.

‘Weakness of the womb’ due to congenital and structural malformations is described in our *ayurvedic* reference texts. General body weakness is held to include weakness of the womb, when a woman cannot carry her foetus. Specifically, it may amount to ‘incompetence of the cervix’. This is how physicians refer to a womb-mouth which remains loose and open. Miscarriages due to cervical incompetence usually happen around the fourth or fifth month of pregnancy.

If a woman miscarries because her cervix is weak and open, it should be easy to prevent next time. In the third month or so, a doctor would sew a simple ‘purse-string stitch’ to tighten the opening of her womb (and would release it later, when ready for birth). But, if her problems lies undetected, she might continue to have mishaps.

Once a woman miscarries, she may fall into a vicious cycle of pregnancies and miscarriages. Soon pregnant again without having time to recuperate, she is more likely to miscarry again, and so her health goes on breaking down. Incidentally, doctors call this ‘habitual abortion’, quite



‘Purse-string stitch’ tightens the opening of womb.

unfairly. Such a desperate woman is easy game for financial, emotional and sexual exploiters.

## What do *shastras* say about miscarriage ?

The wide range of this study didn't allow deep exploration of people's ideas about conception and pregnancy. Here is how *ayurveda* interprets the dynamics of pregnancy and miscarriage.

There are five different kinds of *vaayu* or 'air' in the body - *praan*, *vyaan*, *samaan*, *udaan* and *apaan*. When not pregnant, *apaan vaayu* is what brings on a woman's menstrual periods. So, in pregnancy, it may play a role in starting a miscarriage. *Vaayu* functions or dysfunctions along with the various causes of miscarriage.

***Vaayu* and physical causes:** Physical movement and strain such as lifting weights, walking long distances or grinding grain can 'vitiate' or stir up *apaan vaayu* in a woman's body and cause her to miscarry. When a woman is under-nourished her body accumulates *vaayu*. So naturally, it gets more easily disturbed when under physical strain and stress.

***Vaayu* and diet-related causes:** Eating too much food that is heat-producing, drinking liquor, taking outside foods, not having enough to eat and being anaemic (not having enough blood) are nutrition-related reasons given in the survey.

***Vaayu* and emotional causes:** Shock, unmet cravings and not wanting the child are emotion-related causes which influence the functioning of *vaayu*.

The *shastras* summarise that substances and activities which increase body heat are likely to vitiate both *vaayu* and *pitta*, and can bring on early menstruation, miscarriage and premature labour.

While causes of miscarriage, factors harmful to the foetus and management of miscarriage have been described in the texts of *ayurveda*, induction of abortion is brought up only in connection with management of severe complications like toxemia, making it induced child-birth.

The *garbha* (roughly, 'embryo') is described to be in a semi-solid state up to the fourth month of pregnancy. So, miscarriage before the fourth

month is classically termed *garbha-straava* and after fifth month as *garbha-paata* (*straava* and *paata* meaning 'flow' and 'fall' respectively).

Thus, it is stated to be more difficult to save a pregnancy if miscarriage begins in the first three months. Whereas, if after the fourth month, it may be more possible to halt a miscarriage, as the embryo would have gained *jeeva* (a certain 'viability' acquired along with form and movement).

'Factors harmful to embryo or foetus' (*garbha-opghaatkar bhaava*) are responsible for *garbha-straava*, *garbha-paata*, foetal death and premature child-birth. A woman may be susceptible to them because of her personal constitution, or her nutritional or emotional state.

**Factors linked with food:** Beware of eating irregularly, too little or too much, stale or unclean foods, and unsuitable foods. Unsuitable foods are those not congenial with one's constitution, or with the state of pregnancy, including • *amla* foods like sour curds (yogurt) • *ruksha* (dry) foods like horse-gram • *katu* (pungent) foods like hot chillies • *ushna* (hot) foods like black gram • *tikshna* (irritant) foods like pepper.

Foods like • garlic • brinjal • black pepper • mustard leaves, and many others combine these aggravating properties, according to the texts.

**Factors linked with woman's reproductive system:** Deformities of womb and vagina (*garbhashaya-dosha/yoni-dosha*), and diseases and disorders of a woman's reproductive system (*yoni vyapat*). [Reproductive disorders in the male partner at this point will only concern the *beeja*, mentioned below.]

**Factors linked to physical activity:** Heavy work and exertion • awkward postures, squatting, straining • traveling long distance, jolting • riding upon animals • injury to belly, pelvis or back.

**Disorder in the *beeja* (seed):** If the *doshas* of the *beeja* are vitiated and it is not orderly or healthy, this leads to miscarriage.

**Age of the partners:** If either partner is too young or too old, miscarriage is more common.

**Emotional factors:** Anger • grief • fear • stress • shock.

**Illnesses:** Fevers and other major illnesses

**Factors which are unknown:** Sometimes, causes for miscarriage remain a mystery.



## What do women say about methods for abortion ?

Women from all eleven states told of twenty-six methods for abortion, including MTP. Consider Table 5.2.

Table 5.2: Local methods for inducing abortion

(Key: \* =text-mentioned □ = not text-mentioned )

Method of abortion	State	Remarks
* honey (250 grams)	RAJ	ruksha(rough)
* brinjal seeds by mouth	RAJ	heat- producing, <i>vaat-pitta-kar</i>
* carrot seeds,by mouth	RAJ	heating stimulant, abortifacient
* <i>aritha</i> seeds crushed & eaten	MAH	emetic,toxic
□ horse-gram fried in oil, eaten	TN	ruksh; <i>vaat-pitta kar</i>
□ mustard seeds crushed	TN	heat-producing and dry;
□ various 'hot' foods, eaten	UP	incomplete information
* giving a fright	TN	may abort, not recommended
□ herbal roots tied around waist	WB	data incomplete
* <i>mahua</i> liquor given to drink	GUJ, MP	stimulant, heating
□ heat applied to belly	MAH, RAJ	data is incomplete
* carrot seeds & bamboo leaves ground together & eaten	UP	carrot seeds not in texts, but known abortifacient
* carrot seeds pounded with old jaggery, boiled in milk	UP	stimulant and heat-producing combination
* crushed black pepper & jaggery,boiled & drunk	GUJ	heat-producing, stimulant,
□ gingelly seeds soaked in palm jaggery, eaten	TN	unctuous,sweet,nutritive; not known as abortifacient
□ italian millet soaked & eaten raw	TN	ruksha(rough);not known abortifacient
□ paste of tender neem leaves, <i>patachi</i> ,camphor & pepper, eaten	TN	unusual combination; contradictory effect
□ cloves, jaggery & cotton seeds, eaten	RAJ	heat-producing, not a known abortifacient
□ jaggery water, one or two glassful drunk every 1-2 hours.	RAJ	effects not understood
□ <i>Kotopaira</i> (?), oldjaggery & <i>mundga</i> (drumstick) bark crushed together, eaten	ORI	effects of combination not understood; herb identity unclear

contd...

**Table 5.2: Local methods for inducing abortion**

(Key: \* = text-mentioned, □ = not text-mentioned )

Method of abortion	State	Remarks
* raw papaya, chewed and eaten	RAJ, TN, GUJ	known to cause abortion
□ guwaar vegetable, jaggery & ground-nuts cooked	MP	not known to cause abortion, but not harmful.
□ chidchida ( <i>A. aspera</i> ) root placed in vagina	BIH	not a known aborti-facient, harmful action on womb
□ vagina fumigated with smoke of burning til (sesame seeds)	RAJ	not known abortifient
□ belly and womb massaged & manipulated	MP, BIH	physical pressure may result in abortion
□ herbs used at home	GUJ, WB, MP, ORI	data insufficient for comment
□ calotropis stick inserted into vagina/cervix	TN, GUJ, RAJ, WB, MAH, BIH	severely irritant, hazardous method
□ 'going to hospital' for MTP	WB, KER UP MP, RAJ, MAH	not mentioned in the texts...

The traditional methods for inducing abortion can be considered in five groups: • consuming a herbal decoction or paste • placing a stick in vagina or womb. • massage of belly and womb • applying heat over the belly • exposing vulva and vagina to smoke and heat.

Most abortifacients can be hazardous as well as effective. Popular methods are likely to vary somewhat, and actual use is not strictly consistent. Details about quantity, dosage, timing, usage, indications and precautions were not sought during the collection of data. In this broad study neither safety nor efficacy were possible to assess.

Out of the twenty-eight methods for abortion, only ten find mention in shaastras. Our *vaidya* friends commented on the first ten from text references and their personal experience and opinion.

Ingredients of the first six - including carrot seeds, brinjal seeds, jaggery, honey, *mohua* liquor, black pepper and unripe papaya - are all text-mentioned, but not for the purpose of abortion. They are supposed to be effective to some degree, depending on their various properties, dosage, constitution of the woman, stage of pregnancy. Of these, the methods in most widespread popular use are raw papaya, *mohua* liquor and carrot-seeds. If further

evaluated so that efficacy and exact guidelines for safety are worked out, some might be recommended or allowed for use at community level.

Aritha (soap nut seeds) and calotropis stick (*ak, aakada, akowa, rui*) are not text-mentioned and *hazardous* for women. Their surprisingly wide use is undoubtable an indication of women's ancient and desperate need for abortion. Achyranthus root (*chidchida*) placed in the vagina, and frightening a woman, can bring on abortion. But they declare these measures, harmful.

Abdominal massage and fumigation perhaps could help induce abortion. While there is no reference for the purpose of abortion, *vaidyas* feel these measures are harmless, unless they delay the decision for MTP.

Alongside traditional ways, women in half the states reported going for abortion to a hospital. Information to differentiate between MTP and illegal 'allopathic' methods was not obtained in this study.

### Women cope ...

Women clearly stress that miscarriages are caused by too little good food and too much hard work. Hence, the basic need is to improve women's access to food as well as to reduce their heavy work-load.

Mistaken beliefs that someone's evil eye or wicked spirits cause miscarriages and other mishaps of the reproductive system are widespread. It is difficult to challenge such beliefs. Rather, as poverty and suppression of women is at their root, we must focus on eradicating these evils.

Women have numerous indigenous ways to bring on abortion. While we cannot assess their effectivity, it shows that women do try to regulate their fertility by means in their control. Interestingly, very few of these practices are mentioned in the *ayurvedic* texts.

Herbal remedies and external manipulation may be relatively safe methods of abortion. Research is needed to look into actual safety, effectivity and standardisation. Some indigenous methods might be appropriate for use at community and primary health care level. Aborting with the *calotropis* stick is certainly harmful and needs strong discouragement without question.

*Local traditional methods cannot replace making MTP services available and safe for all women.*

## SECTION-11

# TRADITIONS SURROUNDING CHILD BIRTH



## SYMBOLS USED

- ✓ = Women report,
- = Women don't report,
- \* = Text-mentioned,
- = Not text-mentioned
-  = Information given by women
-  = Information given by *shaastras*
-  = Conclusion of the chapter

## CHAPTER - VI

### THE *DAI* TRADITION

*You...*

*shoved me aside, called me a witch,  
stole birth from home, took it to hospitals,  
plundered the forests, snatched the healing herbs,  
threw dirt on my skills and tradition* ( by a *dai*, translated from hindi, 1993 *Jagori Diary*)

The *dai* is India's traditional midwife, also known as • *dai-maa* in hindi • *daayan* in gujarati • *suin* in marathi • *pathichhi* in malayalam and so on. The word *dai* stems from *daayi* meaning 'one who gives'. Oddly, it is akin to *daakin*, *daain*, *daakan*-meaning 'witch'...

The village *dai* is usually a middle-aged woman of *dalit* or oppressed caste and poor. In the lower strata of the society, certain sub-castes perform the role of *dai*. The *dai* is part of the *balutedari* or *jajmani* system, by which trades in Indian society have been traditionally arranged. In many states, women of the *naai* (barber) caste, may perform the *dai*'s role, perhaps because of their surgical tradition and instruments. Likewise women of *chamaar* (leather-worker) and *basod* (bambo-weaver) are *dais*. Among Rajput *thakurs* the household women attend the birth and the *dai* is called to cut the cord and clean up. In tribal ares of Maharashtra, the *suin* is simply a member of the community who has special skills. Rarely, in some tribal communities, men may play the role of *dai*.

Usually the *dai* has the experience of giving birth to several children of her own. She learns about assisting in child-birth from an elderly woman relative or a peer through observation and practice. Occasionally, *dais* may be accomplished herbalists and healers. Most are barely literate.

*My strength, your strength are as if joined, some of my pains you bore, got warmth from your body just next to mine, your quickness shows how clever you are!* ( by a woman in a *basti* of Delhi, 1993 *Jagori Diary*)

Most women feel this way for the *dai* who supports them in child-

a village community, one would expect love, respect and benevolence. But poor and down-trodden by caste, tradition binds her to serve others and her work is taken for granted, without recognition or reward with some times scarcely more than insult.

As a healer, the *dai* provides warm and womanly care to most women in rural areas.

*There are about 60,000 dais. Official sources state that 50 to 60 % of births are attended by dais in rural India (NIHFW, 1983). Studies indicate that as high as 90 % or more of child-births are attended by dais (Kakar, 1972).*

Traditional knowledge of child-birthing and healing with herbs supports women in so many ways.



*The dai provides warm and womanly care to most women.*

Soothingly, a *dai* massages the labouring woman, easing her pain and tiredness. She may give herbs and decoctions to relieve and to strengthen. She works alongside to give birth. Experienced *dais* manage difficulties in child-birth, changing the lie of a transverse foetus, deftly extracting the after-coming head of a 'footling', and bringing out a non-relenting placenta.

Her knowledge and experience is not limited to child-birthing, but encompasses other areas of women's health, like menstrual disorders, womb descent, white discharges and so on. More, a *dai* may be a gifted bone-setter, an expert in child-care and a healer of common illnesses or emotional problems.

However, generally a *dai*'s knowledge and skills are not fully drawn upon. Communities, particularly the upper castes, feel the *dai* is meant for 'dirty' work, and rarely seek her help for illnesses and problems. Even in

birth, especially at the time. Yet, the *dai* is treated horribly by society. From 'dirty' work, and rarely seek her help for illnesses and problems. Even in pregnancy, the touch of a *dai* is often considered polluting and inauspicious and a woman must bathe afterwards. Of course, *dalit* communities benefit from the *dai* being one of their own.

Child-birth and child-care are matters of concern not only for the *prasuta*, the *dai* and the women of the house, but also for a set of experienced women in the neighbourhood. This domain might extend to the whole community, village or beyond depending on the credibility and expertise of some women. The process of child-birth is understood not only in physiological terms but woven into women's religious and cultural ideologies. It is within this woven matrix that the *dai* works, not only as a herbalist and child-birth attendant, but as a ritualist.

Child-birth processes are facilitated by special goddesses, it is commonly believed. Communities have particular deities whose blessings expedite child-birth. To evoke these goddesses as the source of energy (*shakti*), the *dai* performs symbolic rituals. She may ask the woman to let her hair fall free (*choti kholna*), or open her own plait, and ask the family members to open the locks and cupboards and trunks. She may take a mound of wheat flour and ask woman to divide it. These rituals symbolise opening of the womb and birth passage and separation of the foetus from the woman's body.

*Rituals are helpful in facilitating a woman's labour... imagery acts as an interface between mind and body bringing what, in physiological terms, have been considered involuntary systems, at least partially under conscious control* (Chawla, 1994).

Thus, the *dai* becomes a real 'holistic health practitioner', reaching in to the energy, mind and consciousness of the woman. Doing so, she changes the equation of what seemed to be painful and long to easy and natural. According to the law-giver Manu,

*when a man has touched a chandala, an out-caste, a woman in her periods, a woman in child-birth, a corpse, or one who has touched a corpse, he can become pure by bathing.* (quoted in Chawla, 1994)

Not only the *shastras* and *brahmins*, but whole communities live with the idea of woman being untouchable and polluted during menstruation

during menstruation allows rest. Others say that isolation after child-birth helps prevent infection. There is no point denying that such customs perpetuate a demeaning attitude towards women throughout their lives.

The *dai* who supports women when they are out-casted by their near and dear ones deserves applaud. But she has to bear the same attitude, and worse. She is double-polluted, an untouchable among untouchables. They see only that she gathers the 'filth' (placenta, cord and blood) which was inside the woman for nine months.

*Dais* are generally aware of the limits of their skills. In our study, we asked *dais* to tell of the conditions they can manage. Consider Table 7.1.

**Table 7.1: Conditions a *dai* can or cannot manage**

(key: ✓ = can manage, ✗ = cannot manage, - = don't report)

Conditions	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
head downwards	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
twin babies	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	10
	✗	-	-	-	-	-	-	-	-	-	-	1
premature rupture of membranes	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	10
	-	✗	-	✗	-	-	-	-	✗	✗	-	4
bleeding during pregnancy	-	✓	-	✓	✓	-	✓	-	-	-	-	4
	✗	✗	✗	✗	✗	-	✗	-	-	✗	✗	9
bleeding after child-birth	-	✓	-	-	✓	✓	-	✓	-	-	-	4
	✗	✗	✗	✗	✗	-	✗	-	-	✗	✗	8
head across womb	-	✓	-	-	✓	✓	-	✓	-	✓	-	5
	-	✗	✗	✗	✗	-	-	-	✗	-	✗	6
head upwards	-	✓	✓	-	✓	✓	-	✓	-	-	✓	6
	-	✗	-	✗	-	-	-	✗	✗	✗	✗	5
hands or legs first	-	✓	✓	-	✓	✓	-	✓	-	-	✓	6
	-	✗	✗	-	-	-	✗	-	-	✗	-	4
premature labour	-	-	-	✓	✓	-	✓	✓	✓	-	✓	6
	✗	✗	✗	-	✗	-	-	-	✗	✗	-	6

*Dai's* from one or two states also suggested to shift if: the labour pains are very strong, woman is tired, if she is anaemic, has swelling on limbs, if she has given birth to a dead baby previously, if she has convulsions, if she has jaundice, if her birth passage is narrow, if she is short, elderly, if the mouth of the womb does not open enough.

Dais from all **eleven** states said they can manage a child-birth when the head of the baby is downwards. In **ten** states, they said they can manage twin child-birth, and if the membranes break early. In **six** states they said they manage birth when the baby is head-upwards and a foot or comes out first.

In **nine** states *dais* said they are not able to manage bleeding during pregnancy, and in **eight** states, they said they cannot handle bleeding after delivery.

We also asked about situations when *dais* suggest shifting a woman to hospital. Consider Table 7.2

**Table 7.2 Conditions when a *dai* advises shift to hospital**

(key: ✓ = reported, - = not reported)

Condition	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
excessive bleeding	✓	✓	✓	✓	✓	-	-	✓	✓	✓	✓	9
baby across the womb	✓	✓	-	-	✓	-	-	-	✓	✓	✓	6
delayed labour (for 1-3 days)	-	-	✓	-	✓	✓	-	✓	-	✓	✓	6
when she cannot conduct	-	-	-	✓	✓	-	-	✓	✓	-	✓	5
hand or footling presentation	✓	-	-	-	-	✓	-	-	✓	✓	✓	5
baby dies in womb	✓	✓	-	-	✓	-	✓	-	-	✓	-	5
abnormal presentation	-	✓	-	-	✓	-	-	✓	✓	-	✓	5
placental retention	-	✓	✓	-	✓	-	-	-	✓	-	-	4
weak woman	-	✓	✓	-	✓	-	-	-	✓	-	-	4
premature birth	✓	✓	-	-	-	✓	-	✓	-	-	-	4

From **nine** states, *dais* suggested a shift when the woman had excessive bleeding during pregnancy and after child birth. In **six** states, they said, when the measures to correct a transverse baby failed. In **five** states, *dais* said, when they realise they cannot manage the birth, when the baby dies in the womb, or when it remains in an abnormal position.

From **four** states, they suggested a shift when the labour is obstructed or delayed, when the placenta is retained, when the woman is weak, and during premature child-birth...

Let us note that the 'daring' of the *dai* to deal with predicaments depends on the distance of the hospital. If the hospital is near, she may suggest shifting inspite of having the needed skills.

and child-birth. Some may say that not touching women and isolating them. The formal health care system and 'PHC' (so-called primary health care) is based on a western reductionist, anti-culture model. It views *dais* as mere addenda.

*The conference at Alma-Ata in 1978 recognised primary health care (PHC) as a key to attainment of the goal of 'Health for All by Year 2000'. Recognising the existence of 'traditional medical practitioners' and 'birth attendants', it was said that with the support of the formal health care system they can become important allies in organising efforts to improve the health of 'the community' (WHO, 1978).*

Let us note that in India and other south-Asian countries, local healers and *dais* have been taking care of community health for thousands of years. Today, their efforts need the support of competent back - up services and net - works. They do not need to be 'utilised' or to become allies in 'strategic' efforts which are 'something like a war'.

Nonetheless, recognising *dais*' potential and being concerned about high maternal and perinatal mortality, the Government initiated the *Dai* Training Programme during the second Five Year Plan (FYP) in 1957. These efforts continued until the fourth FYP in 1967, with a cumulative 40 - 42 % percent of the target being met.

Changes in course duration, curriculum, stipend and provision of delivery kit were made until 1972. Inspite of this, the training targets are under-achieved. All along, the programme has been viewing *dais* as mere receptacles of 'scientific information' without acknowledging the social, cultural and economic conditions in which the *dai* lives and works.

There are hundreds of published reports on the training and utilisation of *dais*, particularly for 'family planning' but little research has been done to discover and understand the nature and efficacy of their traditional beliefs and practices. *Dais* are made appendages to the formal health care system without being integrated into it.

Now, there is a need to recognise and appreciate the *dai* tradition in its own light and to see where there are possibilities for *dais* and their tradition to extend the best of comprehensive primary health care to women in the remotest corners.

## CHAPTER - VII

# CONFIRMING LABOUR

From the day after completing eight months to the completion of ten months is the period to expect child-birth..(translation of a shloka in the Charaka Samhita)

When the foetus descends in the kukshi, the woman feels her heart freed from bonds, she feels sweet pains low in her belly - she is called 'prajaayini'.  
(translation of a shloka in the Sushruta Samhita)

A woman continues hard work throughout pregnancy, even into the wee hours of labour. Swamped in chores and drudgery, feeling the signs and knowing her time, she is barely able to prepare.



*A woman continues hard work into the wee hours of labour.*

A modern trained *dai* needs to estimate the date, assess the signs and prepare adequately for assisting her. Before talking of enhancing the *dai*'s skills in confirming labour, we thought it worthwhile to study her traditional practices.



### What do *dai* say about confirming labour?

#### Calculation of gestational period

Traditionally, birth and death are two events impossible to predict in ordinary circumstances. Yet, most women and *dais* make estimates of gestational age and approximate time to expect child-birth. See Table 7.1.

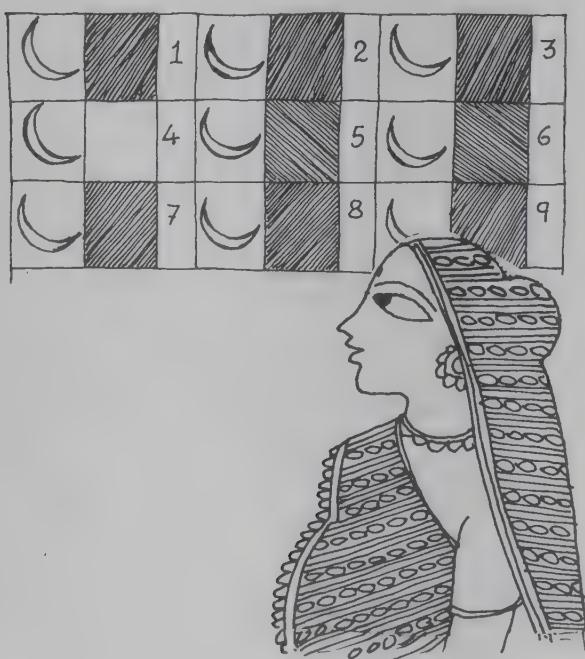
Table 7.1 Methods to calculate the gestational age

(Key: ✓ = women report, - = don't report, \* = text-mentioned, □ = not text-mentioned)

Estimate	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* 9 months	✓	✓	-	-	-	-	-	-	-	-	-	6
* 10 months	-	✓	-	-	-	-	-	-	-	✓	✓	3
* 9 months, 7 days	-	-	-	✓	-	-	-	-	✓	-	-	2
* 9 months, 9 days	-	-	✓	-	✓	-	-	-	-	-	-	2
* 9 months, 10 days	-	-	-	-	-	-	-	-	-	-	✓	1
* 10 months, 10 days	-	-	-	-	-	-	-	-	-	-	✓	1
* 5 months after foetus quivering	-	-	✓	-	-	-	-	-	-	-	-	1

Dais from Karnataka, Tamil Nadu and Maharashtra said they don't estimate a date to expect child-birth.

From the Table 7.1, one can see that *dais* have a reasonable idea of gestational age. Rural women usually count nine months from the last menstrual period, using dark and full moon days and months of the indigenous (*deshi*) calendar.



Women count nine months using dark & full moon days.

They expect that the birth may happen from a couple of weeks before upto a couple of weeks after. Women often remember the time of last menstruation by relating it to festivals and other events.

Sometimes, for some reason, the day or month of the last menstruation is unknown or unreliable. The *dai* counts from the month when the woman first felt foetal movements or 'quivering', and feels her abdomen for the height of the womb. Quivering is usually in the fourth month. To this she adds five months to complete the estimate of expected term of pregnancy.

Some communities take normal gestational age to be 'ten months', while the modern health system estimates 'nine months and seven days'. Since lunar months shorter than English calendar months, the actual total number of days are the same, or approximately 285 days.

Sometimes, women have long menstrual cycles of forty-five days or more. Ovulation and conception occur much later than expected by standard calculations. Naturally, gestational age would appear longer. Many times women conceive during lactation. They may have had their periods once. In such cases the gestational age would be more than nine months.

### Signs to know that child-birth is nearing

Daits reported numerous signs by which women come to know of child-birth nearing. The Table 7.2 shows them according to various stages of labour.

**Table 7.2: Signs of child-birth nearing**

Key: ✓ = women report, - = don't report, \* = text-mentioned, □ = not text-mentioned

Signs before labour begins	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* baby descends in the womb	✓	✓	-	-	✓	✓	-	✓	✓	✓	✓	8
* urge to pass urine & stool	-	✓	-	✓	✓	✓	✓	✓	-	-	✓	7
* inconvenient moving	✓	✓	-	-	✓	-	-	✓	-	-	✓	5
* sadness	✓	-	-	-	✓	✓	-	-	-	-	✓	4
* loosening of flanks	-	-	-	-	✓	-	✓	✓	-	-	-	3
□ more foetal movements	-	-	-	-	✓	-	-	-	✓	-	-	2
□ protrusion of navel	-	✓	-	✓	-	-	-	-	-	-	-	2
□ heaviness in the hips	-	-	-	-	-	-	-	-	-	✓	-	1
□ swelling in genital parts	-	-	-	-	-	-	-	-	-	✓	-	1
□ inversion of navel	-	-	-	-	-	-	-	-	-	✓	-	1
□ swelling of feet or legs	-	-	-	-	✓	-	-	-	-	-	-	1
□ black line below navel	-	-	-	✓	-	-	-	-	-	-	-	1
□ cracking of nipples	-	-	-	✓	-	-	-	-	-	-	-	1
□ oil poured on navel flows... if foetus not descended	✓	-	-	-	-	-	-	-	-	-	-	1
total	4	4	-	4	7	3	2	4	2	4	4	

Daits from all the eleven states reported signs that could indicate the nearing child-birth say in a matter of few days. The nature of the signs reported depicts their keen observation skills. The physical (protrusion of

navel) as well as the emotional (sadness) signs observed by them highlights their holistic nature. Signs to know of birth within few hours are:

**Table 7.3: Signs of child-birth nearing**

(Key: ✓ = women report, - = don't report, \* = text-mentioned, □ = not text-mentioned)

Signs during labour	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* onset of pains	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
* fluid discharge	✓	✓	✓	✓	✓	✓	-	✓	-	✓	✓	9
* lower belly pain	✓	-	-	-	✓	✓	✓	✓	-	-	-	5
* womb-mouth opens	✓	✓	-	-	-	-	-	✓	-	✓	-	4
* head fixed	-	-	-	✓	✓	-	-	-	-	-	-	2
* restlessness	-	-	-	-	-	-	-	✓	-	-	-	1
* foetus rises	-	✓	-	-	-	-	-	-	-	-	-	1
□ vomiting	-	✓	-	-	-	-	-	-	-	-	-	1
□ heating of body	-	✓	-	-	-	-	-	-	-	-	-	1
□ green & blue veins in navel	-	-	-	-	✓	-	-	-	-	-	-	1
total	4	6	2	3	5	3	2	5	1	3	2	

Out of twenty-four signs, twelve are mentioned in the texts.

*Dais* in the neighbour states of Maharashtra and Gujarat told of the most signs to know about nearing child-birth, with Rajasthan and Bihar next. Karnataka reported the smallest number of signs.

The only 'test' to know of nearing child-birth was mentioned by *dais* from Bihar, that of pouring oil on the navel and observing its flow. The test seems interesting and practical, perhaps if the foetus has descended in the pelvis, the oil would easily flow from the navel.

Of Bihar's eight signs, seven are text-mentioned. • Maharashtra's twelve, nine • Gujarat's ten, seven • Kerala's seven, three. All signs from • Karnataka • Madhya Pradesh • Orissa • Rajasthan • West Bengal were mentioned in the texts.

The signs can be put into three categories:

**Physiological:** regular contractions, pains, fluid and mucus discharge

**Emotional:** restlessness, sadness

**Foetus related:** increased movements, lowering of womb, fixing of head.

Although here we have separated the signs, the *dai* comes to know of

the nearing child-birth by observing them in combination and series. Hence, we can recognise:



*Physical & emotional signs tell of nearing child-birth.*

**Signs which tell of child-birth in a few days** • descent of the foetus, • difficulty in moving • sadness • urge to pass urine • loosening of flanks • fixing of head • mentioned in the shaastras. • heaviness in the hips • swelling in the genitals and legs • inversion or protrusion of the navel • increased foetal movements • a black line below the navel • cracking nipples • the test of pouring oil in the navel to check the descent of foetus without mention in the shaastras.

**Signs which tell of child-birth in a few hours** • pain in lower abdomen • onset of labour pains • breathlessness • vaginal discharge • opening of the mouth of the womb • These are text-mentioned, but • vomiting • heating of the body • green and blue veins in the navel • cracking of the nipples are not text-mentioned.

### How to recognise true labour pains ?

As the time for child-birth nears, a woman may experience pain and discomfort in the lower abdomen. Sometimes it is difficult to know whether discomfort is due to • true labour contractions • pressure of the foetus • stretched muscles and tissues • constipation • other digestive system problem.

Doctors and nurses in hospitals give an enema to a woman with belly pain in the last month. If not related to labour, the pain subsides; if it increases, they prepare for child-birth.

In the rural areas, *dais* depend both on their intuition and observing signs of labour. They know the pains of labour. Consider the Table 7.4.

**Table 7.4: Signs to know labour pains**

(Key: ✓ = women report, - = don't report, \* = text-mentioned, □ = not text-mentioned)

Signs	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* fluid discharge	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	9
* pain strong & continuous	✓	✓	-	-	✓	-	✓	-	✓	✓	-	6
* radiates from back to front	✓	-	-	✓	✓	-	✓	-	✓	-	✓	6
* intermittent-pain	-	✓	✓	✓	-	-	-	✓	-	-	✓	5
* pain in lower belly & back	-	✓	-	-	✓	✓	-	✓	-	✓	-	5
* hardening of womb	-	-	-	✓	-	-	-	✓	✓	-	✓	4
* head lowers	-	✓	-	-	✓	-	-	-	-	-	-	2
* opening of womb's mouth	✓	-	-	-	-	-	-	-	-	-	✓	2
* increase in pains	-	-	-	-	-	-	-	-	-	✓	-	1
* thighs quiver	-	-	-	-	-	✓	-	-	-	-	-	1
* exhaustion	✓	-	-	-	-	-	-	-	-	-	-	1
□ pain in 9th or 10th month	-	-	✓	-	-	✓	-	-	-	-	-	2
* feels like passing stool & urine	-	-	-	-	-	-	-	-	-	✓	-	1
□ warm hands and feet	✓	-	-	-	-	-	-	-	-	-	-	1
* persist after belly massage	-	-	-	-	✓	-	-	-	-	-	-	1
□ pain less when lie of foetus corrected	-	-	-	-	✓	-	-	-	-	-	-	1
□ pain more after herbal drink	-	-	✓	-	-	-	-	-	✓	-	-	2
□ pains persist even when a thread is tied around the neck	-	-	-	-	✓	-	-	-	-	-	-	1
<b>False pains</b>												
□ not strong	-	-	-	-	-	-	-	-	-	✓	-	1
□ not regular or continuous	-	-	-	-	-	-	-	-	-	✓	-	1
□ with indigestion	-	-	-	-	-	-	-	-	-	✓	-	1
□ in belly only	-	-	-	✓	-	-	-	-	-	-	-	1
□ last few hours	-	-	-	-	✓	-	-	-	-	-	-	1
<b>total</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>9</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>4</b>	

The following decoctions are given in Karnataka and Tamil Nadu to know of labour: cumin seeds or seeds of bishop-weed or *thanduleeyaka* (?) boiled in water. *Rasam of kovai* (*Cephalandra indica*).

The most common signs are fluid discharge, along with pain in belly

and back, that is intermittent and radiates from back to front. These are also mentioned in the *shaastras*.

*Dais* from four states also report feeling the belly. This is useful to know the hardness or softness of womb and nature of contractions directly.

Only seven signs out of twenty-three are not mentioned in the *shaastras*. These are • pains in the 9th and 10th months • feels like straining at stools • hands and feet feel warm • pains persist even when a thread is tied around the neck, pain subsides when position of the foetus corrected, • urge to urinate • pain subside when herbal decoctions are given.

One can see that these signs and tests relate to the experiences and observation of *dais* and are meaningful. A woman does experience them during labour.

Tying a thread around the neck of the woman allows time to pass. If pains are false, they often subside on their own. Herbal decoctions suggested by the *dais* can correct disorders of digestion.

### What do *shaastras* say about gestational age and expected child-birth?

The *shaastras* say that child-birth naturally occurs any time between the ninth and the tenth month. Sushruta and Vaaghbhata have considered upto the twelfth month as possibly a normal gestational period, and only after that the gestation should be considered abnormal.

The *shaastric* advice overlaps considerably with what the *dais* reported. Normal labour is said to happen anytime between the day after completion of the eighth month to completion of the twelfth month.

The *shaastras* say that child-birth naturally occurs any time between the ninth and the tenth month. Sushruta and Vaaghbhata have considered upto the twelfth month as possibly a normal gestational period, and only after that the gestation should be considered abnormal. The signs during various stages have been described to know of nearing labour.

A woman waiting for labour is called *prajaayini*, who has the following signs: • her *kukshi* flanks become lax • she feels her chest is relieved of bonds • she experiences pain and pressure in the groin.

When labour pains are about to begin, the woman is called *upasthita prasava* and the following signs could be noticed: • she feels tired • her face becomes relaxed • the womb's height decreases • she feels heavy in the lower belly • pain in the groin, lower belly • urinary bladder and back • discharge of fluids from vagina • she loses desire to eat • labour pains begin.

The labour pains are called *aavi* and have the following characteristics:

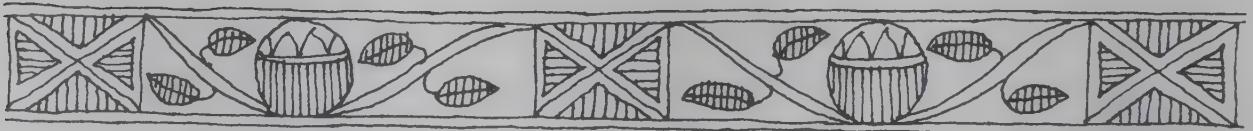
- they occur in the *upasthita prasavaa* • they occur when the *jaraayu* (membranes) are ruptured • the mouth of the womb is open • they are strong and the woman becomes tired and exhausted on bearing them.

The woman is then advised to lie down and make efforts to give birth.



## Women Confirm...

This chapter highlights the *dai*'s traditional skills to confirm labour. To a large extent, they find reference in the *shaastras*. At places the *dais* appear to have outdone the *shaastras* in confirming labour by various tests.



## CHAPTER - VIII

# MAKING LABOUR AND CHILD-BIRTH EASIER

*Child-birth is a natural but complicated event, laden with labour and pain yet exuding the joy of bringing a bit of humanity into being.*

In most of the rural areas in India, bringing humanity to the light of day is collectively and deftly managed by the *dai* along with other experienced women and the labouring woman herself. Women still have confidence and skills centered around child-birth. Their warm encouragement and natural support of labour enables the birthing woman to move through this event with courage, power and ease.

Traditionally, in giving birth a woman is believed to gain a second life. The relatives' and the *dai*'s concern is deep for the well-being of both woman and child. The *dai*'s practices and rituals are meant to help and make labour and child-birth smoother and faster. Labour is handled spontaneously.

When a woman starts feeling the pains of early contractions, she carries on with her work. Gradually, as the contractions become strong, some neighbour woman may gather around her and when she can 'hold back' no longer, someone goes off to call the *dai*. Frequently, the *dai* enters the house when the child's head is 'crowning' and birth is near. She settles down next to the woman, coaxing and cajoling her, soothing her while the contractions abate. She may call upon the goddess of birth to separate the two lives early. She may ask the family members to open all the locks on the trunks and the woman in labour to let her hair loose to enable early child birth.

She asks for water to be boiled, and for a cup of oil to apply and massage around the woman's vulva. During a contraction, she supports the stretched vulva and anus with her hands, or her heels. While the child's body slips out in her bare hands, she notices its' sex, which may determine her reward. It cries out loudly, and if a boy, the family beats on a brass *thaali* near his ear. Then, the child is placed nearby in a winnowing basket or on the ground, still attached to its' mother. The *dai* urges her to push again, to push out the 'other one' - the placenta, which usually follows in

minutes. If it doesn't, she massages her belly, tickles the uvula (back of her throat), and might give the cord a tug. She holds the placenta in hand, puts it aside and calls for thread and cutting implement. The cord is tied and cut several finger-widths away from the new born's body. Cleaning up the woman and baby, and cleaning and tidying the place usually mark the end of the *dais* traditional duty. Some call her for massage and bath of the woman and baby for a number of days after the birth.

This general account of *dai*'s support in child-birth would enable us to understand how some of the *dai*'s practices help in the process.



### What do *dais* say about supporting child-birth?

**Preparations:** All wait for a birth anxiously, yet, in most communities special preparations are not made. It may be to avoid disappointment and expense if the infant dies or is still-born, or in some communities to keep a shroud of secrecy around the event of child-birth.

Even so, in our survey *dais* from nine states reported that they make some preparations for child-birth. These are in Table 8.1.

**Table 2.1: Preparations for child-birth**

(Key: ✓ = women report, - = Don't report, \* = text-mentioned, □ = not text-mentioned)

Practice or arrangements	BHR	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
<b>A. The Place</b>												
* airy & bright	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
* clean	✓	✓	-	✓	✓	✓	-	✓	✓	✓	✓	09
□ cow shed	-	-	-	-	✓	-	-	-	-	-	✓	02
* near kitchen	-	-	-	-	✓	-	-	-	-	-	-	01
□ ash spread	-	-	-	-	-	✓	-	-	-	✓	-	02
□ straw spread	-	-	-	-	-	-	-	-	✓	-	-	01
* lights	✓	-	-	-	✓	✓	-	✓	✓	✓	-	06
* cot and bed-spread	-	-	-	✓	✓	✓	-	✓	-	-	-	04
* restricted entry	-	-	-	-	-	-	-	-	-	-	✓	01
<b>B. Materials</b>												
* hot water, new blade or knife, thread, soap	✓	✓	✓	✓	-	-	-	✓	✓	✓	-	07
* clean pieces of cloth	✓	✓	-	-	✓	✓	-	✓	-	✓	✓	07
* oil to apply	-	-	-	-	✓	-	-	-	-	-	-	01
□ no preparations	-	-	-	-	✓	✓	-	-	-	-	-	02
total	5	3	2	4	9	7	1	6	5	6	5	

**The place for birth:** *dais* in most states said they select a place for child-birth that is bright and ventilated and try to see that the place is clean. Some also said that arrangement for the light is made for the night time.

*Dais* from Maharashtra and West Bengal, however, said that the place given for child-birth is often a dark and filthy cowshed.

In a tribal part of Maharashtra, *dais* suggest that child-birth should take place in the kitchen area near the fire.

In West Bengal, the *dai* restricts the entry of other people to the place of birth.

In Madhya Pradesh, Uttar Pradesh and Rajasthan, child-birth is allowed to happen on a layer of ash or a bundle of straw.

The *shastras* suggest a separate birthing -home-*prasuti griha* in which the woman stays for the ninth month of pregnancy and awaits child-birth. The details of the birthing home are described in the later part of this chapter.

**Things needed during child-birth:** *Dais* from seven states said they keep ready the instruments and accessories for tying, cutting and dressing the cord as well as clothes for the mother and baby.

In Madhya Pradesh and West Bengal, the family keeps oil for massage or application to the vulva.

Of the thirteen kinds of preparations, eight are text-mentioned. Interestingly, the 'BiMaRu' states (Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh) reported the most preparatory practices and almost all of them are described in *ayurveda*. • in Bihar - all five practices • in Madhya Pradesh - five out of seven • in Rajasthan - all six practices • in Uttar Pradesh - five out of six.

*Dais* in Orissa reported the fewest preparatory practices. Kerala reported four practices and all of them were found in the texts.

The *shastras* suggest to keep the materials required for child-birth in the birthing home. These include fire, oil, ghee, essential herbs, surgical needle and other instruments.

**Herbs and foods:** Consider Table 8.2 which shows the data about herbal and dietary measures from nine states.

Table 8.2 Herbs and foods to make child-birth easier

(key: \* =text-mentioned, □ = not-text mentioned)

preparation	State	Remarks
* 1 juice of some roots & cumin seeds	KAR	Cumin seeds heating, stimulant, ruksha, vaat-anulomak
* 2 decoction of tonde & cumin seeds(Soliga tribe)	KAR	Cumin, as above; tonde not known
* 3 rice & rasam	TN	strength-giving & vaat-anulomak
* 4 hot water & liquid foods	KER	helps in digestion, vaayu-subsiding
* 5 cloves ground, in water	MAH	pain-reducing & vaayu-subsiding
* 6 kaanji (rice gruel) ;sweetened	MAH	strength-giving & easy to digest
* 7 tea sweetened with jaggery, to drink	MAH GUJ	hot, stimulant & strengthening
* 8 decoction of ajowain with jaggery & ghee	RAJ	strength-giving & vaat-anulomak
* 9 hot tea, water or milk, to drink ginger,	ORI, BIH,MAH	stimulant & relieves tiredness
* 10 decoction of dry ginger to drink from 5th month.	TN	stimulant & vaat-anulomak
* 11 rasam, coffee, & kuzhu (sour porridge of raagi flour, broken rice, salt & butter)	TN	stimulant
* 12 ajowain, turmeric & jaiphal (nutmeg)	GUJ	vaatanulomak & reduces pain
* 13 tender coconut	KAR	strength-giving vaayu-subsiding & cooling
* 14 black pepper, dry ginger, jaggery in tea	GUJ	strength-giving & vaat-anulomak
□ 15 Indian spinach cooked with lentils	TN	strength-giving, vaat-anulomak
□ 16 decoction of bishop weed seed (Carum couticum)	TN	vaatanulomak heat-producing
□ 17 kaya leham of cumin, black pepper, ginger to lick	TN	heat-producing, vaatanulomak
□ 18 Soup of drumsticks (Moringa oleifera)	TN	heat-producing, vaatanulomak
□ 19 Raw drumstick pulp, tender coconut & sugar	TN	heating & cooling (may have neutral effect), nutritive
□ 20 drink decoction of sundakai (Verbascifolium species)	TN	heat-producing, vaatanulomak

The measures vary region-wise to some extent. The *vaidyas'* comments are condensed in the third column, and include the substance properties likely or known under the particular regional conditions.

*Dais* from Tamil Nadu added that the remedies numbered 15-20 are useful for cleansing the womb after child-birth as well. From the table, it may be seen that:

In the early months of pregnancy, cooling and nutritive herbs and fluids are recommended. In the later pregnancy, herbs that are heating, nutritive and that stimulate the womb are advised.

This is consistent with the principles elucidated in the *ayurvedic* texts. The *shastras* suggest that during the last month of pregnancy

- to help digestion
- avoid constipation and retention of urine
- to give strength
- to promote lubrication and elasticity in the body, eat freshly prepared foods which are creamy and soft, fat-containing, warm, sweet in taste and fluid, like
- gruel of rice or *dalia* (broken wheat)
- *rava* cooked in milk
- curd-rice
- *roti* mashed with milk
- rice with milk and *ghee*
- meat soups with rice.

To facilitate normal functioning of *apaan vaayu*, one should

- eat pungent foods and spices, like
- black pepper
- asafoetida (*hing*)
- fenugreeek (*methi*)
- Bishop weed seeds
- garlic
- brinjal.
- eat frequently and enough.
- avoid eating foods which stir up *apaan vaayu* like stale, fried and fermented foods,

When the labour begins, the woman should drink liquids such as *yavaagu*- a gruel which gives strength. When the child descends in the womb, she should be given *yavaagu* with plenty of *ghee*. These dietary precautions lend strength, lubrication and elasticity during child-birth.

Several practices find no reference in the *shastras*. Among these are both traditional local measures as well as allopathic measures.

In Tamil Nadu, *dais* advised eating 'green leafy vegetables and pulses' - nutrition messages of western health science.

In Madhya Pradesh, *dais* said they get the local ANM to give tablets and injections during pregnancy. The ANM probably gives iron and tetanus toxoid.

On the face of it giving such tablets and vaccinations appear harmless,



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but it accompanies a serious attitudinal change of rural communities, medicalising pregnancy and child-birth.

Nowadays, the woman's family may call a 'village doctor' or the ANM, 'nurse' to give an 'injection' to hasten labour. During labour, the injection most commonly given by local doctors is oxytocin, a hormone which causes the womb-muscle to contract powerfully. It is dangerous. It may lead to rupture of the womb and severe tears of the woman's cervix and vagina. During a prolonged contraction, the blood supply inside the womb gets cut off, and the foetus may die. **There are no statistics telling the damage due to oxytocin.**

**Emotional or spiritual measures:** Some measures employed by the *dais* seem to be of purely psychological or spiritual nature.

In Maharashtra, *dais* tie a stick of 'rui' (calotropis) on the woman's finger to speed up labour. (The highly irritant milky latex may cause blistering, however.)

In Maharashtra again, *dais* tie the root of *utkayat* (*E. echinatus*) on the arm to enable an easy and quick child-birth. *Dais* in Rajasthan place it (*untkanto*) in the hair of the woman in labour.

Also in Maharashtra, *dais* advise offering a coconut to a deity, and drinking water enchanted by a *bhagat* (diviner, faith healer and herbalist.)

Although not mentioned in the texts, these practices have value in the culture, and we are in no position to judge their totality.

We can try to understand such practices and beliefs from the viewpoint of *daiva-vyapashraya chikitsa*, an aspect of *ayurvedic* healing discussed in numerous texts, which deals with mental and emotional states.

Or, we may look at them according to the *shaastric* concept of *prabhaava*. According to *ayurveda*, certain herbs can exert effects in certain ways, by proximity, touch, smell, visual impact, or otherwise. For example *abhaya* (*Terminalia chebula*) is known to start loose motions simply by holding it in hand. Hence, such practices employed by *dais* may have a role in making child-birth easier.

Only in West Bengal and Uttar Pradesh did women say they use no special foods or herbs to help in child-birth. This may indicate degradation

of the traditional wisdom, or limitations in data collection.

**Exercise:** *Dais* from six states said that 'exercise' makes child-birth safer and easier. By this they meant continuing the work women do inside and outside the house- moving after children, walking to fields and back, pounding and grinding grains, churning butter-milk and so on. For women work is equated with exercise. They are expected to do tiresome work for other's sake while people say it benefits women.

In Maharashtra, Tamil Nadu, Madhya Pradesh, Karnataka, Gujarat and Rajasthan, *dais* urge women to continue such activity in pregnancy and early labour.

Beyond the womb contractions themselves, there is a helpful practice which one might also construct as exercise.



*This posture helps the child to move downward...*

In Gujarat and Madhya Pradesh, women said that while in labour, they grasp and pull on a rope tied from a pole or beam of the roof.

This vertical posture and strain helps the labouring woman sustain stronger contractions. The advantage of gravity is taken for the child to move downward along the birth passage. This practice is not mentioned in the texts. The *shaastras* suggest that in the last months, rest and sleep is specially important, and exertion is to be avoided.

A woman should try to avoid *vaayu-vitiating* activities like • too much talking • too much walking • sleeping late at night • travelling. These indiscretions/unwise actions can bring on labour prematurely.

**Massage of the belly and womb:** As pregnancy advances, *abhayanga* (massage) relieves a woman's discomfort while her body adjusts to the enlarging womb. Later, the *dais* said, massage helps the child to find its natural position. In labour, massage relieves pain, tension, relaxes, and labour speeds up. The back and pelvic joints and muscles loosen, so child-birth is easier.

In Gujarat, Rajasthan, Tamil Nadu and Madhya Pradesh, *dais* talked of massaging a woman's belly during labour.

In Karnataka, *dais* said that if the placenta is delayed in coming out the womb is to be massaged through the belly.

The *shastras* do not advise oil massage (*abhyanga*) during pregnancy. However, if a woman has body or belly pain from the stretching of muscles, or if she is tired, a light massage may be soothing and helpful.

In the ninth month, occasional light massage on the belly, thighs, flanks and lower back helps to regulate *vaayu*. It relieves tiredness and relaxes and strengthens the muscles, too.

In *ayurveda*, massage of the belly and womb of a woman during pregnancy, child-birth and afterwards is described, with a caution: use light, circular movements *during pregnancy and after child-birth*.

Touching, massaging, soothing, holding—this is a part of the *sensitive healing support* which women miss if they give birth in hospitals!

**Enema or bowel wash:** *Dais* in only three states reported giving enema before child-birth to facilitate labour.

*Dais* in Rajasthan use soap-water, in Maharashtra use castor-oil and *dais* in Tamil Nadu use decoction of cumin seeds.

The *shastras* say that during eighth and ninth months respectively, a woman may be given an enema (liquid introduced through the rectum.) There are two types, recommended in the eighth and ninth month respectively -*niruh basti* (enema of herbal decoction) and *anuvaasan basti* (enema of herbal or vegetable oil).

*Basti* is part of *snehana* (oleation), for internal and external oiling of the body) which as a whole provides some nourishment as well as helping to normalise *vaayu* and cleaning the bowel. Giving a *basti* is a skill to be learned from a *vaidya*. Cleanliness is important.

**Hygiene:** In addition to personal cleanliness, the traditional concept of hygiene focuses on 'feeling clean' rather than 'looking clean'. Born and surviving in mud, the people hardly regard mud as dirty. In fact, people crave for nearness to mud/earth and worship the earth as mother.

For them, hygiene means sweeping, scrubbing, sprinkling water or that of the sacred *Ganga*. A fresh flooring with a mixture of fresh cow-dung,

& cow-urine and mud is enough to keep the surroundings clean and fresh. Even cow dung is considered a purifier. A bath in early morning, after passing stool, before going in the kitchen or cooking, while eating and serving, while worshiping are some of the instances which reflect the sense of hygiene in many communities

A *dai* never enters the house of labour without washing her hands and feet. In our survey, the practices reported relate to washing hands, preparing the vulva, and wrapping the baby.

*Dais* from all eleven states reported they wash their hands.

In Gujarat and Maharashtra, liquor is used to wash hands before child-birth.

Removing bangles is mentioned from Maharashtra, Bihar and Gujarat and cutting nails is reported from Maharashtra, Gujarat, Madhya Pradesh, Bihar, and West Bengal.

Washing the vulva and anus is done with soap and water during labour in West Bengal.

*Dais* wash hands with water or liquor.

While a labouring woman is made to wear dirty rags, according to *dais* in West Bengal, some *dais* in West Bengal and Kerala, said that the labouring woman, *dai* and the new born are given clean clothes to wear after child-birth.

The practice of giving rags to the woman in labour is harmful from all the perspectives. Not only it increases the risk of infection, it reflects the attitude of pollution, dirt and filth which many communities have towards the whole child-birth process and towards anyone who comes in touch with it.

**Posture for child-birth:** A woman's posture during labour may hinder or help the passage of foetus through and out of her body.



The lying on back (supine) position for child-birth was reported by *dais* in all the eleven states.

A sitting or squatting position was also a preference of some *dais* in six states - Madhya Pradesh, Maharashtra, Uttar Pradesh, Bihar, Tamil Nadu and West Bengal.

The knee-elbow position was reported from West Bengal.

Sitting with legs extended was a child-birth posture of a part of Karnataka, which the *dai* said enables a woman to give birth alone if needed.



*Different birthing postures enable easy childbirth.*

It is surprising that *dais* in all the states mentioned the lying-on-back position for child-birth. Is this is a traditional posture, or does it reflect a change due to *dai*- training efforts? We cannot say. Even the *shaastras* mention this position for child-birth.

Yet, among the rural people, postures for child-birth are apparently not rigid. They vary according to convenience and perhaps geographical, economic and cultural factors.

The squatting and sitting positions are both common, and yet neither is mentioned in the *ayurvedic* texts.

Modern (western) research in obstetrics has shown that squatting during labour allows gravity to play a role in foetal descent. It enables the women to bear down more effectively and comfortably. In practice, however, doctors and nurses prefer the woman to 'deliver' in flat-on-back position. They say that delivering while squatting might injure the baby and will tear the cervix, vulva and perineum.

The part of Karnataka where women give birth sitting with extended legs is forested and hilly, with settlements scattered far apart. One can just imagine a woman in this posture *doing it all herself*. Again, it is a posture not described in the *shaastras*.

**Oiling of vulva and vagina:** A *dai* uses oil for massaging, stretching and lubricating the birth passage.

In Madhya Pradesh, *dais* apply vegetable oil by hand to the vulva and vaginal opening during labour and birth.

This practice lubricates the birth canal and improves the elasticity of the vaginal muscles, so that the baby can easily slide out. The *shaastras* also say that the birth attendant should expand the birth canal after applying oils to her hands.

**Oil- soaked swab in vagina (yoni pichu):** In the last month when the child moves downwards and the time for child-birth approaches, a cotton swab soaked in medicated oil is placed in the woman's vagina, once a day.

This strengthens the vaginal muscles, prevents sepsis and lubricates the birth passage. The oils (*taila*) prescribed are either • neem oil (*Azadirachta indica*) • or *ksheera-baladi taila* • or plain *eranda* (castor) oil

**Fumigation of vulva and birth passage:** *Dais* believe that heat helps in the process of child-birth and also in cleansing and drying the womb and birth passage afterwards. Smoke is purifying.

*Dais* from Maharashtra and Uttar Pradesh talked of helping labour proceed by burning *ajowain* seeds (*Carum caoticum*) and exposing the genitals to the heat and smoke.

In Madhya Pradesh, after child-birth a woman squats above hot coals over which *ajowain* seeds are thrown. This helps her sore vulval tissues to dry and heal.



*Fumigation gives some relief to a tired woman.*

Data on this practice was available from the *dais* in the central and northern states. No information was available from the southern, western or eastern states.

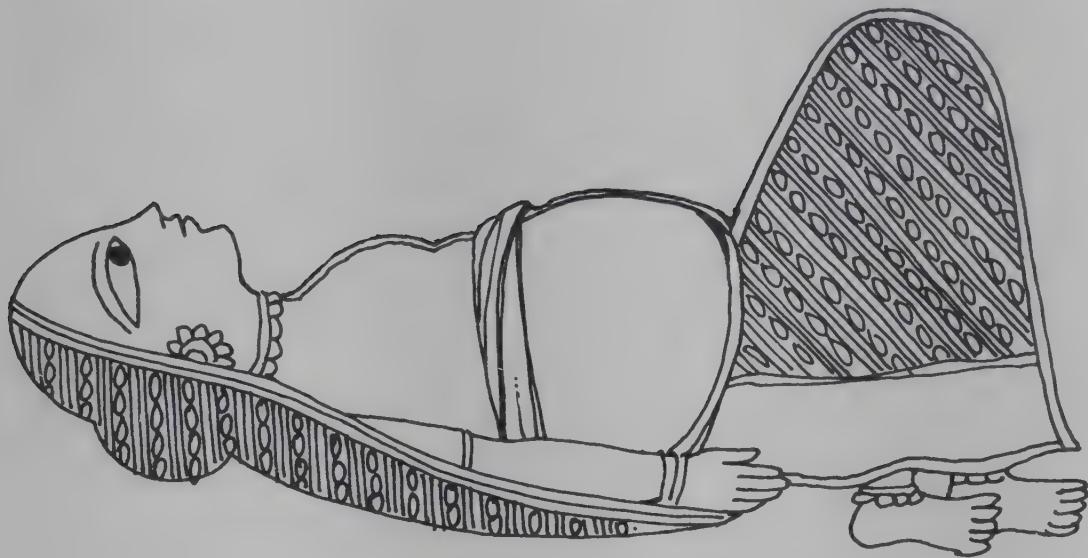
Although no text mentions of these uses, they mention fumigation of the *yoni* (vulva) with herbs like *bhojpatra* (*Betulia utilis*) and *guggulu* (*Commiphora mukul*) to manage a retained placenta. Fumigation is not harmful, and definitely gives some relief to a tired woman. It may also help to resist sepsis.

**Giving support at the anus:** It is to prevent the vagina and perineal tissues from ripping or tearing.

In West Bengal, *dais* advise pressing the area in front of the anal opening (or the 'perineum') during strong contractions.

According to western obstetrics, this practice is valuable. However care must be taken to maintain hygiene.

**Tying a band around midbelly:** A piece of cloth tied firmly is believed to keep the foetus from moving back upwards between contractions and help the process of labour. Usually, an old cotton saree or a cloth is snugly tied around the belly.



*A band helps keep the belly flat & avoid pain.*

In West Bengal, *dais* suggest tying a cloth around the belly at the woman's navel during labour.

According to the *Charaka Samhita*, if a band is tied like this, it helps keep the belly flat and avoid pain due to *vaayu*. It should be wrapped securely but not too tight.

**Applying force on the belly:** Known as *kallo* in Gujarati, pushing down upon the belly of the labouring woman is a widespread tendency of women and many *dais*. In some places, like the tribal areas of panchmahals, a man is called, even in the labour room of some hospitals, to apply force on the belly. The feeling is that the labour must be hastened for the sake of both woman and child.

*Dais* in six states said abdominal pressure is needed to hasten the birth - (Gujarat, Rajasthan, Karnataka, Tamil Nadu, West Bengal and Madhya Pradesh)

Those of us who have observed and seen the results of pushing forcefully upon a woman's abdomen during labour are unanimous about it being a harmful practice.

At least it results in bruises and at most, it has caused bleeding and womb rupture with tragic death of woman and child.

*What can be the reason for this harmful practice?*

*Why is it so widespread, and why does it persist?*

Culturally, child-birth is regarded as an event requiring energy and force. Originally, the practice of supportive pressure over the belly and womb was to relieve the pain and to ease the separation of two lives. The sensitive gesture of support seems to have got lost in the people's concern for getting the baby out fast.

According to the texts, a woman is asked to bear down (*pravaahan*) during womb contractions, slightly when the foetus has partly descended, and strongly when the foetus descends further and appears through the womb-mouth opening. The *dai* and other attendant only support her back, belly and lower parts, and give soothing encouragement.

### What do the *shaastras* say about making child-birth easier?

According to ayurvedic principles, in relation to pregnancy, the normal functioning of *apaan vaayu* is the basis of the process of child-birth. Special activities, diet and herbs are advised to regulate the functioning of *apaan vaayu* in the labouring woman's body which have been discussed in the earlier part of this chapter.

**Place for labour and child-birth:**



*Child-birth should be managed in a special house (prasuti-griha.)*

The child-birth should be attended and managed in a special house (*prasuti-*

*griha*) constructed for this. The following specifications are given in the texts.

“The house for the labouring woman (*prasuta*) should be built of wood on a clean and even surface. It should face either east or south. It should be constructed from the wood of *bilva*, *tinduka*, *inguda*, *bhallataka*, *varuna* or any other tree advised by a knowledgeable person. [Note: the choice of wood depends on the caste of the woman, according to Charaka.]

The house should be well-ventilated and curtained to avoid bright light falling on the eyes of the new born. The floor should be clean, and newly smeared with cow-dung or lime. It should have well-fitted doors and windows. The house should have fire, water, and mortar with pestle for grinding herbs and as an exercise for the woman in the initial stages of labour and placental retention, each in their right places. Toilet, bathing and kitchen area should be aside. This house should be made comfortable for the labouring woman in every season.

This house or *prasuti-griha* should be constructed before the ninth month, on an auspicious day.

**Instruments for child-birth:** The instruments needed for child-birth and to manage complications should be stored in the *prasuti-graha* along with essential herbs and medicines.

The prescribed instruments for child-birth : • Two stones which may be rubbed together for resuscitation of new born • pestle with mortals • fire • ghee • oil • rock salt • herbs like garlic • hing(asafoetida) • sarsav(mustard seeds) • vacha(Acorus calamus) • chitrak (Plumbago zeylancia) • langli (Gloriosa superba) • pippali (Piper longum) • two needles made from gold or silver • sharp cutting instruments made from iron. • two wooden cots

**Persons who attend child-birth:** Persons who are to attend to the child-birth are specified. They should be women who themselves have given birth to several children (*bahu-prasuta*), who are good-hearted, engaged in serving others, possessing strong character, experienced in child-birth, affectionate, free from grief, having endurance and capable of making the *prasuta* happy. The labouring woman should not shy from these women. Other knowledgeable and skilled persons should remain near the woman.

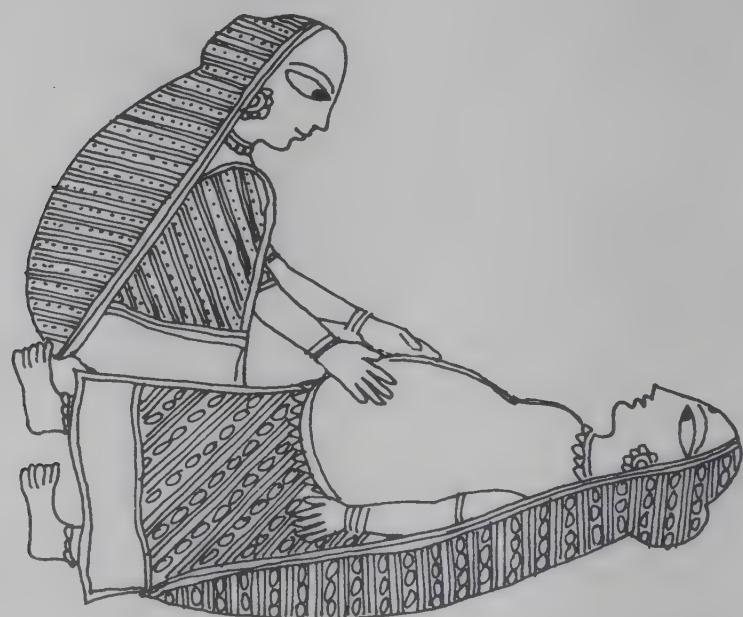
**Facilitating child-birth:** On an auspicious day in the ninth month, the woman should enter the birthing house and await labour. This practice may have helped to keep the woman safe from contagious disease and mentally prepared to withstand labour pains.

From Karnataka, it was reported that communities in the Soliga tribe prepare a common hut for delivering children.

Today, while it may not be cost-effective or ecologically sustainable to construct a wooden house for every delivery, a common cottage for labour and child-birth can be prepared for an entire village or neighbourhood. Instead of staying there for the whole last month, a woman can enter the cottage when labour begins.

*The shaastras have the following prescription for the early phase of labour:*

**When the signs and symptoms of the onset of labour** are distinct, the experienced women birth attendants should take a bath and see that their nails are cut. They should wear clothes that are clean and intact. These women should console, encourage and delight the woman who is in labour. Their relationship with the '*prasuta*' should be as friends. She should not feel self-conscious among them, or over-conscious of their presence.



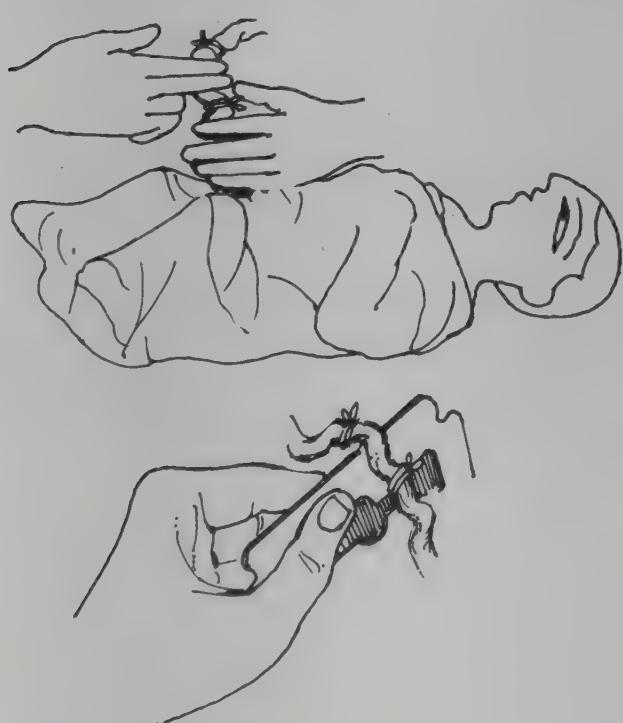
*The woman should be given a light massage in early labour,*  
**In early labour,** the woman should be given a light massage on her

back, flanks, sacrum and thighs with luke-warm oil. Oils like coconut, sesame or mustard can be used according to the seasons. After that the woman should be given a hot water bath and should be asked to consume rice gruel in which *ghee* is added.

The woman should be given fumigation in the vagina of the smoke of *bhurjapatra*(*Betulia utilis*) and leaves of *shinshapa*(*Dalbergia sisoo*) and *sarjarasa*(*Shorea robusta*). She should be asked to yawn and to walk around. Care is to be taken that she does not exhaust herself. The attendant should caution the woman to avoid straining to bear down when there is no strong pain or contraction.

Then, instructions begin for the **active phase of labour** : As soon as the head of the foetus fixes above the bladder and the pain becomes strong and difficult to bear, the woman should be coaxed to lie down in supine position with flexed thighs. When she feels pains, she should make efforts to bear down, first mildly and then forcefully, as the urge strengthens and the mouth of the womb opens fully.

**After child-birth**, attention is on both woman and child. The attendant should encourage the woman by announcing the birth, so that the woman may get strength due to happiness.



After the child is born, the cord is felt and should be tied and cut when the pulsations have stopped. The place to cut should be eight fingers from the infant's navel. The cord is to be tied with a strong clean thread, and cut with a clean pre-heated knife. A dressing of *kushtha taila* should be applied on the stump. The end of the thread should be wound loosely around the neck of the child.

The placenta should then be delivered and checked.

*When the pulsations stop, the cord is tied and cut.*

## Women support...

The practices reported by the *dais* to facilitate child-birth are numerous and indicates their concern for labouring women and 'easy child-birth'. 'Safe delivery' as such is a western concept yet, one does not deny the worry for the mother-and-baby's survival.

By and large child-birth practices are sound, useful and without harm. Only one practice commonly followed is out-right harmful and needs to be discouraged-forceful pressure upon the belly and womb during labour.

Why do more women and babies die around child-birth?

Why is the *dai* to be blamed ?

One of the reasons may be limited utilisation of *dai*'s traditional skills, another,inadequate,inaccessible emergency health services to manage complications.

The out-reach and effect of *dai*-training in rural areas is evident from the responses of the *dais*. However, while *dai*-training programmes have been conducted in all the states, not all *dais* have been reached.

Traditional midwifery practices have a rightful place in regional training programmes for *dais*, and should be included with sensitivity and discretion.



SECTION - III  
TRADITIONS AFTER  
CHILD-BIRTH



## SYMBOLS USED

- ✓ = Women report,
- = Women don't report,
- \* = Text-mentioned,
- = Not text-mentioned
-  = Information given by women
-  = Information given by *shastras*
-  = Conclusion of the chapter

## CHAPTER - IX

# KEEPING WOMAN HEALTHY AFTER CHILD-BIRTH

After the birth, a woman's dhatus are drained, her body is loose and cool. Because of her labour, and the flow of waters and blood from her womb, her body is as if empty, in a *vaccum* (translated from a shloka in *Ashtanga Hridaya*)

Traditional care consists of numerous practices which mean to bring her back to 'rosy health and vigor' and to enable her to feed her child with sufficient nutritious milk. As the woman's health is all the more vulnerable after child-birth, practices are adopted to sustain her health.

The forty five days or one and half month after a child's birth is a period of high significance within most communities. People observe 'sutak' a pollution which afflicts family members when someone is born or dies. The family even refrains from worshiping the gods in the house-temple. The entire process of child-birth is considered a polluted affair. The family members refrain from touching the woman, the *dai* and helping woman during child-birth, which easily follows in to the after child-birth care.

It is a common belief that a woman has peculiar fragrance after child-birth which lures the *daakin* or *churel* (evil spirits) to hold her. Rituals such as *nazar utaarna*, keeping iron knife or instrument under the pillow of the woman are done to ward off the spirits. The woman is kept in isolation. No body is allowed to touch the cot. She is advised against going out, in the dark and not to speak loudly, laugh loudly, talk too much or remain sitting (she should lie down).

These practices symbolise the physical and mental vulnerability of the woman after child-birth. It is known that a woman spends all her energy in nourishing the baby in the womb and in giving birth. Therefore, immediately after birth, she is in a state of *vaccum* and drained of her nutritional resources, which need to be replenished by adequate diet and rest.

Biological vulnerability aside, poverty and social discrimination often do not allow women adequate rest and food, nor medical care, after child-birth. As a result unnumbered women suffer due to womb and birth-canal

injury, hemorrhage, sepsis or 'child-birth fever'. Even if not fatal, these may lead to long-term illness and disability.



### What do *dais* and elderly woman say about woman care after child-birth?

All the eleven states sent back information about after-child-birth practices as reported by the *dais* and elderly ladies.

Women in six states reported giving **special herbs** right after child-birth. They are womb-cleansing, strength-giving and milk-augmenting. (Table 9.1)

Women in eight states, but not Uttar Pradesh, Karnataka and Orissa, said women are given special **nutritious foods** after child-birth. (Table 9.2) The **period** may be as little as three days, or it may extend as long as the child feeds at the breast or until it begins to walk. (Table 9.3)

In nine states, excluding Orissa and Bihar, women reported giving substances and doing some manipulations substances primarily for **womb-cleansing**. (Table 9.4)

In all the states except Gujarat, **body massage** to the woman after child-birth is carried out varying from three days to one and a half month. (Table 9.5)

**Vaginal fumigation** after child-birth was reported by women in seven states. (Table 9.6)

Women in all eleven states affirmed the need for **rest** after child-birth. The rest period varied from two days to 180 days. (Table 9.7)

#### Special herbs given right after child-birth

After child-birth, a woman is tired and weak. She needs rest and food that would provide energy in consistence with her feeble power for digestion. Traditionally apart from specific diet, special herbs and substances are given to help the woman regain her lost strength and vigour. *Dais* from five states provided information on herbal substances given after child-birth. Consider Table 9.1 which lists the herbs given by the *dais* and elderly women.

Table 9.1: List of herbal substances given right after child-birth

Key: \* = text mentioned, □ = not text mentioned

Herbs	State	Remark
□ rabdo (a local drink)	RAJ	effect unknown, nutritious
□ decoction of <i>kulya</i> (?)	MAH	herb not known
□ soup of <i>pab</i> (prawn)	MAH	not known
* soup of chicken	MAH	not known
* pepper, ginger and jaggery	MAH	nutritive, digestive
□ water of <i>charua</i>	MP	unknown
□ <i>mahua</i> flower medicine	MAH	details needed
* hot tea and jaggery	MAH	harmful, strength giving
* decoction of <i>upalsari</i> ( <i>H. indicus</i> )	MAH	cooling, <i>vaayu</i> subsiding
* bishop-weed or dill seeds roasted in oil	GUJ,MAH	heating, <i>vaayu</i> subsiding
* <i>hing</i> , <i>ajowain</i> , <i>blacksalt</i> , <i>pipali</i> , ghee, hot milk	UP	<i>vaat</i> -subsiding strengthening
* ghee, jaggery, oil, ginger, ani seeds, <i>piper longum</i>	RAJ	nutritious heating <i>vaayu</i> -subsiding
* dill seeds, coconut, <i>vekhanda</i> (sweet flag), fenugreek leaves	MAH	nutritive, <i>vaayu</i> subsiding
* <i>hing</i> ( <i>asafoetida</i> ), <i>ajowain</i> (bishop-weed seed), <i>methi</i> (fenugreek) seeds, jaggery...	MP	<i>vaat</i> -subsiding strengthening
* <i>kulisalavu</i> , <i>saalava marundu</i> , black cumin, <i>asafoetida</i> , ani seeds, dry ginger, black pepper, garlic, turmeric...	TN	heating, digestive <i>vaayu</i> subsiding

The herbal preparations given to the woman are: • liquids that are heating • strength promoting • *snigdh*(unctuous) • *vaayu* subsiding.

This is consistent with the *shastra*, as it is said that after child-birth, *vaayu* in a woman's body is vitiated and steps to provide strength and subside *vaayu* should be undertaken, keeping in mind the delicacy of her health.

### Special foods for women after child-birth

In most of the Indian communities, there is a tradition to give special foods after child-birth. If a woman gives birth in the marital home, these foods are made in her *maika*, *peehar* - natal home and sent over. No family member or women who are pregnant can eat these foods as they are heat-producing and contain special 'child-birth-herbs'.

Diet and herbal substances have 'medicinal' qualities for restoring and promoting health and preventing disorders. Special herbs and foods are taken after child-birth with the specific objectives of • helping the woman regain strength • re-toning her reproductive system • increasing the production of her milk. Consider Table 9.2.

**Table 9.2: List of special foods for women after child-birth**

(key: \* = text- mentioned, □ = not text- mentioned)

Foods	State	Remarks
* <i>pej</i> , dil seeds & dry coconut	MAH	nutritious, normalise <i>vaayu</i>
* rice <i>pej</i> , soft cooked rice	MAH	nutritious, normalises <i>vaayu</i>
* <i>kanji</i> & other light foods	KER	nutritious, easily digestible
* ghee & jaggery more than usual	RAJ	nutritious, normalises <i>vaayu</i>
* broken wheat with oil & jaggery	MAH	strengthening, heating
* gruel of rice & jaggery in milk	MAH	strengthening, heating
□ <i>rava sheera</i> , 'coffee, bread	MAH	<i>sheera</i> heavy in first few days
□ <i>khekdyia kadhi</i> (sour crab soup)	MAH	nutritious, heating
□ <i>kombadi rassa</i> (decoction of hen)	MAH	nutritious, heating
□ Rice, flaked rice, banana, potato	WB	light, nutritious
□ routine light food	GUJ	special foods are required
□ <i>daal</i> , rice; home cooked food	BIH	special foods are required
* light food 12 hours after child-birth	BIH	give when woman is hungry
* <i>rasam</i> with garlic & palm jaggery at meals	TN	normalises <i>vaayu</i> heating
* turmeric roasted in ghee, boiled with jaggery & water	BIH	strengthening, anti-septic
* <i>halva</i> of <i>ajowain</i> , edible gum, coriander seeds & ghee	RAJ	nutritious, heating, normalises <i>vaayu</i>
* gruel of maize <i>thuli</i> , sugar, jaggery, rice, <i>khichadi</i> & goat-milk	GUJ	easy to digest, nutritious
□ white bread, coffee, when child-birth is in hospital	TN	not nutritive, increases <i>vaayu</i>
□ 2 days: nothing; then, <i>badi</i> , rice, <i>moong daal</i>	MP	harmful, starving weakens, jeopardise milk production
□ raw onion/garlic; dried ginger; gruel of maize/wheat ( <i>thuli</i> ) with sugar/jaggery; /rice/ <i>khichadi</i> , goat milk	GUJ	light to digest, nutritious, milk-enhancing
□ for 3 days: <i>kanke</i> (?) or acacia water day 6: <i>hareera</i> (a gruel) of <i>rajgira</i> & anise seeds <i>karayal</i> , <i>piper longum</i> , ginger,jaggery, coconut, ghee, etc; rice cooked with turmeric & <i>piper longum</i>	MP	carminative and heating, <i>kanke</i> , <i>karayal</i> are unknown

Foods that are nourishing, heating, oily/fatty and that subside *vaayu* are given to enable woman regain her strength. Some of the herbs facilitate the contractions of the womb.

Most of the foods and combinations find mention in the *ayurvedic* texts. Tamil Nadu has more which are not text-mentioned.

The last practice, from Madhya Pradesh, of giving nothing to eat to the woman for two days is definitely harmful, and nowhere supported by the texts.

Bread and coffee after child-birth, mentioned by women in Tamil Nadu and Maharashtra, are obviously not to be found in the *shaastras*. Yeasted breads are fermented and as such would tend to vitiate *vaayu*.

Some herbs and substances are still unknown to us, like *kaanke* and *karaayal* and, as such, they appear to be absent from the texts. More information is required about some of the other items.

The most common diet suggested by women from seven states consists of light, routine foods usually liquid or semi-solid and containing ingredients that are strengthening and *vaayu*-subsiding. If affordable, *ghee* is used lavishly after the initial few days. In some communities, even if they cannot afford anything else, they would try to give *ghee* after child-birth. For some women it is the only time when she can eat *ghee* as it is costly and valued socially.

Frankly speaking, restricting vegetables is an attempt to reduce the need to defecate. In most villages, women have to go out some distance, and in the darkness, difficult for a woman after giving birth.

The *shaastras* suggest foods that are *ushna* (heating), *bruhaneeya* (nutritive)-energy providing cereals and fats. They however do not specify about eating green vegetables.

**The period to follow special diet:** It is a common belief that womens' health and digestive capacity are weak after child-birth. Efforts are made to gradually build up her strength and stamina. So her diet and activities are regulated. The practice of eating certain foods, herbs and following a particular dietary pattern is limited to a fixed period. This is also related to the common perception of pollution after child-birth. Consider Table 9.3.

Table 9.3 Duration of a special diet after child-birth

(key: ✓ = woman report, - = don't report, \* = text-mentioned □ = not text-mentioned)

Number of days	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* 30 (1 month)	✓	✓	-	-	✓	-	-	-	✓	-	-	4
* 45 (1 1/2 month)	-	✓	-	-	-	-	✓	✓	✓	-	-	4
□ 120 (4 months)	-	-	-	✓	-	✓	-	-	-	-	-	2
□ 180 (6 months)	-	-	-	-	✓	-	-	-	-	-	✓	2
□ 3-180 (6 months)	-	-	-	-	✓	-	-	✓	-	-	-	2
□ 21 days (3 weeks)	-	-	-	-	-	✓	-	-	-	-	-	1
□ 13-60 (2 months)	-	-	-	-	✓	-	-	-	-	-	-	1
□ breast-feeding	-	✓	-	-	-	-	-	-	-	-	-	1
□ child walks/talks(1 year)	-	-	-	-	-	-	-	-	-	-	✓	1
□ No specific days	-	-	✓	-	-	-	-	-	-	✓	-	2
total	1	3	1	1	4	2	1	2	2	1	2	

As can be seen from Table 9.3, the range of days for observing a special diet is broad - from three days to continuation of breast-feeding.

The most common period, reported by women from four states is between thirty to forty five days. However, based on the availability and the culture woman have modified the period to suit their needs.

Continuing this pattern of diet as long as the child breast-feeds, or starts walking, or for six months to one year is likely to be harmful for obvious reasons.

### Womb-cleansing practices

Local practices and beliefs embrace the idea of womb-cleansing both physically and culturally. The menstrual blood is understood to get accumulated in and around the womb for nine whole months. If allowed to remain inside, this collected old blood could later on become a *gaanth*. So, herbs and procedures are called for that increase bleeding after child-birth. In fact, bleeding after child-birth is thought to be good for the health of the woman.

Culturally, the practice of *shariar ki safai* (womb-cleansing) is related to the idea of *chua-chhoot, sutak* (pollution).

Everything and everyone associated with child-birth gains the taint of untouchability. Usually of lowest caste, the *dai* herself is *achhoot* (untouchable) anyway. But from the onset of labour to a variable period after birth, the

woman and the child and all articles and people in touch with them, and even the house-hold, are considered polluted and untouchable.

The practice of observing *sutak* may be helpful for isolating mother and infant to prevent illness and sepsis. But isolation of this sort must affect the emotional health and social well - being of the woman - her relations with her family, the outside community and environment, and vice-versa.

Our friends who collected the data and the friendly *dais* suggested practices to clean the genitals and to cleanse the womb.

In West Bengal and Kerala, a 'wash with warm water' was suggested to clean the clots.

In Maharashtra, they reported cleaning the genitals with water and soap, or with *deshi daru* (liquor) and the woman is asked to drink some of it.

**Physical methods for womb-cleansing:** Applying pressure over womb or using heat are commonly used practices for womb-cleansing.

In Kerala, *dais* reported of massaging the belly.

In West Bengal, a woman is asked to squat over glowing charcoals.

In Uttar Pradesh, a woman squats over glowing charcoal on which bishop- weed seeds and asafoetida are thrown

These practices stimulate the womb, are heating and may prevent sepsis.



*Dais* massage belly for womb cleansing.

Table 9.4: Herbs for womb-cleansing

(key: \* = text mentioned, □ = not text mentioned.)

Herbs	State	Remarks
* garlic juice, or shekapai juice orally	KAR	ushna, tikshna, stimulant
□ mohua liquor	UP	ushna
□ soup of drumstick ( <i>Moringa oleifera</i> )	TN	ushna, vaatanulomak
□ rasam with pumpkin leaves	TN	nutritive
□ indian spinach cooked with lentils	TN	strength-giving
□ decoction of gorakh chincha	MAH	not known
* rakt rohida ( <i>Amoora rohituka</i> ) liquor	MAH	heating
* black pepper and asafoetida	TN	ushna, garbhashay shodhak
* ajowain (bishop-weed seeds) orally	MP	ushna, stimulant
* ghee and black pepper	UP	ushna, nutritive
* jaggery in hot milk	UP	ushna, nutritive
□ juice of arni	GUJ	not known
□ neem leaf juice	GUJ	krimighna, anti-septic
* decoction of dryginger & milk/water	UP	ushna, pachak
* ginger and jaggery, mixed & eaten.	TN	garbhashay shodhak, digestive
* decoction of jaggery, ghee & ajowain	RAJ	ushna, garbhashay shodhak
□ decoction of upalsari ( <i>H. indicus</i> )	MAH	not known
□ a bolus of kayam (asafoetida)	TN	tikshna, garbhasya shodhak
□ boil sundakai ( <i>Verbascifolium</i> species) & drink	TN	ushna, vaatanulomak
□ decoction of bishopweed seed	TN	ushna, anulomak
* rasam of dry ginger, palm jaggery, garlic & cumin seeds, orally.	TN	ushna, garbhashay shodhak
* thin paste of turmeric, jaggery, dry coconut & chuthana(?)	UP	ushna, ruksha anti-septic
* kulisalavu (preparation with black cumin, turmeric, asafoetida and palm jaggery	TN	ushna, stimulant, anti-septic
* decoction of dry ginger, black pepper, peepali, nutmeg, bay leaf, jaggery, oil	MAH	ushna, garbhashay shodhak
* turmeric roasted in ghee/oil, mixed with jaggery, water; boiled	TN	ushna, garbhashay shodhak
* gruel of tuvar and wheat flour, jaggery dry coconut & dates	UP	nutritive
□ lapsi (sweet gruel): ground wheat roasted in ghee, water & jaggery	MAH	nutritious, helps milk production
□ kheer (milk gruel) of home-made wheat noodles & jaggery/sugar	MAH	nutritious, helps milk production
□ atimanjari leaves ( <i>O. sanctum/Tulsi</i> ) garlic and asafoetida with rice	TN	womb-cleansing prop. not known, ushna-tikshna
* kaya leham of cumin, black pepper, ginger to lick	TN	ushna vaatanulomak
□ raw drumstick pulp, tender coconut sugar	TN	heating & cooling (may have neutral effect), nutritive

Women from nine states except Orissa and Bihar reported herbs for cleansing the womb. Women in Tamil Nadu alone listed seven herbal decoctions to drink for womb-cleansing, of which six are found in the texts. They also told of remedies to clean the genital parts, most of which find mention in *ayurveda*.

Out of the 32 **herbal preparations** reported by women, seven are not known to have the properties to cleanse the womb, according to the *ayurvedic* texts. Among these, some herbal preparations are nutritive and promote strength. None of the decoctions to be consumed after child-birth appear to be harmful, according to the *vaidyas*.

Belly-massage is a practice reported by *dais* from Kerala, useful to create pressure on the womb and mechanically cleanse the womb. This practice is also mentioned in the *shastras*. If done with pressure, it also improves the muscle tone, helps the womb regain its original position, relieves pain and subsides *vaayu*.

Vaginal fumigation is a practice reported by the *dais* from Uttar Pradesh and West Bengal, which is also mentioned in the *shastras* for stimulating the womb and subsiding *vaayu*

### Body massage practices

Whenever one is very tired, a good massage is soothing and encouraging, and especially so after child-birth. Traditional body massage

- subsides *vaayu*,
- improves muscle and skin tone
- gives strength and
- enhances stamina.
- it also relaxes.

No wonder women include it as part of a woman's care after child-birth!

Usually the *dai* or a massage-woman gives a massage and bath to the woman and the new born. Early in the morning, she asks the woman to wear some old saree (which she may take home later on), and lie on a cloth spread on the ground. Then she starts the massage by slowly rubbing oil on the legs, then hands, back and the whole body. A special belly massage, with pressure, allows the accumulated *kachra* (dirt) in the womb to come out is done at the end. Special areas for massage other than belly are calf and lower back. She may chat pleasantly through out. A hot water bath, followed with *dhooni* (fumigation), completes the *shek* (fomentation).

The massage is given for a fixed number of days. Consider Table 9.5.

**Table 9.5 Days for massage after child-birth.**

(Key: ✓ = women report, - = Don't report, \* =text-mentioned, □ = not text-mentioned)

Days	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* 45-90	✓	-	-	✓	✓	-	-	-	✓	✓	-	5
□ 3-15	-	-	-	-	✓	✓	-	✓	-	✓	✓	5
□ 3-7	-	-	✓	-	✓	✓	✓	-	-	-	-	4
□ not done	-	✓	-	-	✓	-	-	-	✓	-	-	3
□ 10-12	✓	-	-	-	✓	-	-	-	-	-	-	2
□ 7-90	-	-	-	-	✓	-	✓	-	-	-	-	2
□ 100	-	-	✓	-	-	-	-	-	-	-	-	1
* less than 45	-	-	-	-	-	-	✓	-	-	-	-	1

Women in ten states except Gujarat reported of a body massage after child-birth. A few women from Tamil Nadu and Maharashtra said that in their community massage is not given to a woman after child-birth.

Most commonly, women advise continuing body massage for three to fifteen days, or forty-five to ninety days. The number of days for continuing massage could depend on the economic condition, availability of other person to look after the house, availability of the massager and the attitude of the family members towards the woman. In certain families, they may be caring enough to do this basic rite for woman and in others they may remain unperturbed. The *shaastras* advice it to be continued for a month

### Fumigation and fomentation (*Dhooni, Dhoopa, Sekai*)

Literally, *yoni dhoopan* means exposing the vulva to heat and smoke from glowing coals and burning herbs. It is supposed to relieve soreness and protect the vulva from sepsis and strengthen the muscles and genital tissues.

Women also apply heat and herbal substances as *sekai* (wet and dry hot fomentation) through decoctions, a heated cloth pad or otherwise.

In seven states women said they expose the vulva to *dhooni* or *dhoop* or otherwise provide *sekai* to the genital area after child-birth. They say that

this helps to subside *vaayu* after child-birth, to strengthen the vaginal muscles and to improve muscle tone and prevent womb prolapse.

Women in Bihar, Madhya Pradesh, Uttar Pradesh and Rajasthan throw *ajowain* seeds (*Carum caoticum*) over burning coals.



*Dhoopan* helps to subside *vaayu* after child-birth, to strengthen the vaginal muscles and to improve muscle tone and prevent womb prolapse.

Smoke of garlic peels is good, say women in Tamil Nadu and Maharashtra, where they also burn the chaff from cleaning dil or coriander seeds as well.

In Bihar women wash the vulva with a warm decoction of neem leaves.

In Tamil Nadu garlic peels, neem bark, incense, *nirgundi perpam* are used both for fumigation and fomentation. or women fumigate the vulva with a mixture of neem leaves, incense, gum of *gugulu* (*Commiphora mukul*), turmeric powder, donkey dung, leather and snake-skin.

In northern India, the most common herb used to fumigate the vulva after child-birth is *ajowain* -seeds of bishop-weed (*Carum caoticum*).

Out of eight different combinations of ingredients used for fumigation and fomentation, the following three are not mentioned in the texts:

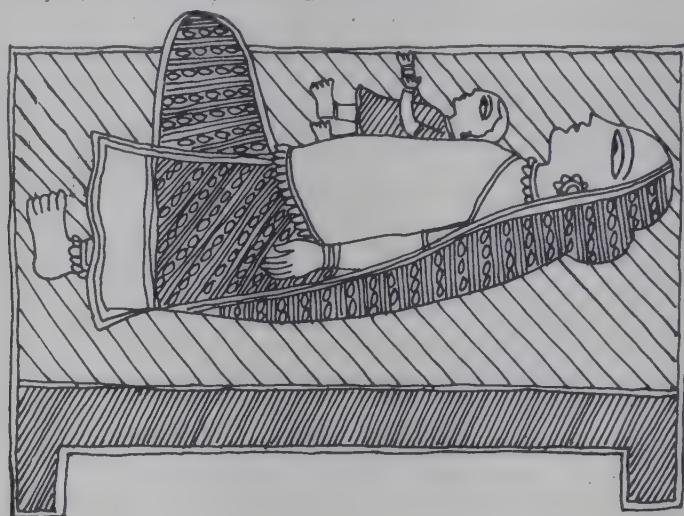
In Maharashtra, use of *vekhand* (*Acorus calamus* or sweet flag) and application of heat to the vulva by warm moist cloth or dry cloth;

In Karnataka, application of heat or hot oil to the sore parts.

The *shaastras* are attribute a number of benefits to *yoni dhoopan*. Most importantly, • prevent or lessen genital pain • reduce excessive bleeding, and • help stabilise heat in the body.

## Period of rest after child-birth

Rest is crucial to recuperate after child-birth, not only for relief from exhaustion and depletion, but also for the womb to return to its former state. Yet, rest may not always be possible.



*Adequate rest is needed after child-birth.*

**Table 9.5: Number of days of rest after child-birth.**

(Key: ✓ = women report, - = Don't report, \* =text-mentioned, □ = not text-mentioned)

Days	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* 45-90 days	✓	✓	-	✓	✓	-	-	✓	✓	✓	-	7
□ 3-15	-	✓	✓	-	✓	✓	-	-	-	✓	-	5
* 30	-	-	-	-	✓	-	✓	-	-	-	-	3
□ 5-8	-	-	-	-	✓	✓	-	✓	-	-	-	3
□ 21-30	-	-	-	-	-	-	-	-	-	✓	1	
□ 60	-	-	-	-	-	-	..	✓	-	-	✓	2
□ 20	✓	-	-	-	-	-	-	-	-	-	-	1
□ 8-10	-	-	-	-	-	-	-	✓	-	-	-	1
□ 2-180	✓	-	-	✓	-	-	✓	-	-	-	-	3

Women from all eleven states said enough rest is needed after child-birth. When they spoke of it, they tended to mix the ideal and the actual period of rest. The range was large, from a minimum of three days to a maximum of about six months - an unlikely dream. Despite their awareness, women are not in a position to demand rest. The period of rest will depend on the economic status of the family. It may also be influenced by the sex of the newborn and the woman's position in the house-hold.

Women from Maharashtra said emphatically:

**The poorer the woman, lesser the rest-period after child-birth!**

In Rajasthan, other persons being there to do the household chores determines the rest-period. That help is rarely available, so women get only about eight to ten days' rest after child-birth.

The *shastras* say that a woman must rest for thirty to forty five days after child-birth.

## **What do *shastras* say about care after child-birth?**

The *ayurvedic* texts specify observance of diet regimen and other cautions of conduct for a period of forty five days in normal conditions and up to three months if any complication arises.

The digestive power (*paachak-agni*) of a woman is weak after child-birth. She requires a light carminative, nutritious and liquid diet. This contrasts with the sweet, heavy and oily diet called for in pregnancy. For the first five days, the woman should consume

rice *kaanji* (rice gruel, thick liquid drained from boiled rice) with milk medicated with herbs like *laghu panchmoola* (a group of light and digestive herbs: *chavya*, *chitrak*, *pippali*, *pippali mool* & *shunthi*).

Her diet should be stepped up gradually, from liquid to semi-solid to solid by the tenth day. Before the tenth day, the diet should include:

- rice ● soup of *moong* ● *kulattha* ● mutton soup ● barley ● fruits
- *ghee* ● vegetables like pumpkin ● carrots ● cucumber. She should always drink lukewarm water for digestion and heat.

After ten days, her diet should include: ● rice ● *ghee* ● *jaggery* ● *kheer* (milk pudding) of *khaskhas* (poppy seeds) ● *laddu* (sweet balls) made with *musali* (*Asparagus ascendens*), *ajowain* (bishop - weed seeds) ● *methi* (fenugreek) seeds, *shataavari* root (*Asparagus racemosus*) and *sathawa* a herb. After around one month or so, the woman should gradually return to her routine diet. During this period, the *shastras* emphasise on rest and practices such as body massage, vaginal fumigation and abdominal support which help a woman's body to regain its strength and vigour.

## ☞ Women care after child-birth...

The importance of appropriate care after child-birth is obvious to women in communities.

The period of forty five days after child-birth has a high significance in the traditional care. Emphasis is on practices that would enable strength giving foods in appropriate quantity, rest and preventive and promotive practices such as massage and fumigation. The traditional knowledge about diet, special herbs and procedures is excellent. However, most women do not get enough of either food or rest after child-birth. The first reason is poverty. Gender discrimination is the second.

Giving **massage** to one who is exhausted after child-birth gives her relaxation and relief, and typically embodies the woman-to-woman healing touch. **Vulval fumigation** helps to prevent sepsis and gives heat so badly needed at this time of drained energy. **Special foods and herbs** help to regain her energy as well as the proper shape of the body.

Although from a health point of view these practices are very useful, one must consider the attitude of the community towards the woman after child-birth, powerless and polluted. This attitude, in addition to many other factors accounts for the low self image of women through-out their lives.



## CHAPTER - X

# BREAST-FEEDING PRACTICES

*As semen spurts out by thought, sight, touch or intercourse with a woman, in the same way breast milk flows freely by thought, sight, touch or sucking of the baby. (a shloka translated from the Sushruta Samhita)*

Breast-feeding is nearly universal practice among most communities in India. Since ancient times, it is known to have not only great nutritional value for the child, and also emotional and cultural value for child, mother and society. Sometimes it is said that breast-milk is a debt to be repaid to the mother by sons, who after growing up, take care of parents, preserve their values and perform their last rites.

Breast-feeding is called *dhavdaavu* in gujarati, *stanpaan* in hindi, *buker dudh khawano* in bengali, *ammaude paala kodukuva* in malayalam and so on in other languages. Women believe that breast-milk is formed from what a woman eats during pregnancy and after child- birth and it is the best food for a baby.

The shaastras say that *stanya* (breast-milk) is an output of *rasa dhatu* which is brought to the breasts by blood vessels. In the breast, *rasa* is converted in to milk. The flow is initiated due to various natural causes including emotional stimulation of woman. Breast-milk is considered the ideal and natural food for the baby and so the health of the mother should be maintained to ensure its supply.

Various local practices promote breast-feeding. The breast-milk is called 'mother's milk' in most languages reflects the holistic attitude about it. However, breast- feeding is a source of controversies between people's practices and allopathic teaching.



### What do women say about putting baby to breast?

In most communities, initiation of any activity has a cultural importance. People may begin such activities by selecting a *muhurt*-auspicious time in order to be successful. The baby gets its first feed at the mother's breast in the light of this practice also. There is a lot of variation in the time for taking the infant to breast. Table 10.1 lists the time.

Table 10.1 Initiation of breast-feeding

(Key: ✓ = women report, - = Don't report, \* = text-mentioned, □ = not text-mentioned)

Days	BHR	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* 1st day	✓	✓	-	✓	✓	✓	✓	✓	✓	-	✓	9
□ 2nd day	✓	-	✓	-	-	✓	-	✓	✓	-	✓	6
* 3rd day	✓	✓	✓	-	✓	✓	-	✓	✓	✓	-	8
* 4th day	✓	✓	-	-	✓	✓	-	-	-	-	-	4
□ 5th day	✓	-	-	-	-	✓	-	-	-	-	-	2
□ 6th day	-	-	-	-	-	-	-	✓	-	✓	-	2
□ 16th day	-	-	-	-	-	-	-	✓	-	-	-	1
total	5	3	2	1	3	5	1	5	3	2	2	

The range is broad; from first to the sixteenth day. In five states, women said that if breast-feeding is started **on the first day**, it brings in the milk, releases breast engorgement and stimulates the infant.

In Maharashtra, early breast-feeding was felt to help mental development.

In Bihar, women said early breast-feeding is the latest change in the practice.

In Tamil Nadu and Kerala, women said they start breast-feeding early due to customary practice.

Regarding initiating breast-feeding **on the third day**, women in six states said:

Milk starts to come only after two days or so (Maharashtra, Gujarat, Rajasthan, Tamil Nadu, Bihar, Madhya Pradesh).

At first the new born is not ready to digest mother's milk (Madhya Pradesh, Rajasthan)

From six states, women reported initiating breast-feeding **on the second day**, because:

There is no milk at first. Some wait for an auspicious day (West Bengal)

The first milk is too thick and hard to digest, so the child is put to breast any day between the second and fifth day (Tamil Nadu & Bihar.)

At first the milk is like pus, but it is ok by the second day (Karnataka.)

From two states, Rajasthan and Uttar Pradesh, women may wait up to the seventh or the sixteenth day without breast-feeding.

This may be a practice in some communities or perhaps in exceptional cases it is done so. Most commonly, women advise starting breast-feeding on the **first day or second day or third day**.

The reason that *breast-milk comes in by the third day* may be an important indication of women's poorly fed status. In such a state, women may need more time to recuperate from labour. It is known that even a poorly fed woman *can* produce breast-milk, though not adequate, at the cost of her body's resources!



*Breast feeding is best established by suckling the baby within half an hour of birth.*

Modern medical science says that *breast feeding is best established by suckling the baby within half an hour of birth* (WHO/UNICEF, 1989). The sucking reflex of the newborn has been found to be the strongest, twenty to thirty minutes after birth. If the infant is not fed, the reflex diminishes rapidly to reappear only forty hours later. However, if the baby is put to breast within half an hour, it takes the breast well, and early so-called physiological loss of weight is prevented. (Archacksy, 1952)

There is also an association between earlier suckling and longer breast feeding duration (WHO, 1981)

In addition, sucking at the breast immediately or soon after birth helps the womb to contract. This helps prevent severe bleeding after child-birth (post-partum haemorrhage) which is the reason of 20% of maternal deaths and much morbidity.



## What do *shastras* say about putting a newborn to breast?

There is a difference of opinion within the *shastras*. Maharishi Charaka advises giving the right breast on the *first day* of the birth, after a feed of honey and *ghee* consecrated with a *mantra* (sacred hymn).

Maharishi Sushruta and Vaaghbata describe several herbal feeds which can be given to the baby for the first three days and advise starting breast-milk from the evening of the *fourth day*. The pre-breast feeds are given to maintain the newborn's health and nutrition until breast-feeding is started.



## What do women say about feeding first milk-colostrum?

After child-birth, the early breast secretion is thick, straw-coloured and sticky. People call it *cheek* or *pahela-dudh* (first-milk). Sometimes it is called 'bad milk' or just ignored as being 'not milk' as opposed to 'real milk'. The *shastras* call it as *peeyush* (equal to *amrit*, the 'liquor of life') and western science uses the word *colostrum*. It lasts for a few days to a week.

Women in seven states (Bihar, Maharashtra, Karnataka, Kerala, Orissa, Tamil Nadu and West Bengal) reported that they *do not remove* colostrum.

Women from nine states (Maharashtra, Uttar Pradesh, Madhya Pradesh, Bihar, Karnataka, Gujarat, Rajasthan, Tamil Nadu and West Bengal) said they *did remove* colostrum.

Women in Madhya Pradesh explained that they do not remove any fixed amount.

Women in Bihar and West Bengal said they remove one, or two, or five, or seven teaspoonful because the first milk is stored in the body for a long time and is stale.

Women in five states (Madhya Pradesh, Uttar Pradesh, Maharashtra, Rajasthan and Gujarat) said they remove only a few drops of colostrum before feeding the baby.

A few drops are squeezed to ensure a clean and clear passage and to avoid the first secretion causing colic or diarrhoea to the infant. It makes one think of how a ripe round mango is first squeezed at the stem-point to remove a few drops of the caustic 'cheek' before sucking the sweet juice and how its' names *amba* and *aam* mean 'mother'.



*A few drops are squeezed before feeding the child*

By and large the first milk is considered heavy for the new born to digest, but it is generally not removed as this study suggests. When breast-feeding starts on the second or third day, the colostrum may be more digestible, and the baby gets it.

All food items stored for a long duration are considered stale or spoilt and harmful for health. Many women feel that the first milk has been stored in the body for months and consider it stale, and unhealthy.

Many local communities recognise the importance of early breast-milk. It is considered specially nutritious. Cow and buffalo colostrum (*cheek, chiki*) is heated and relished by people as a sweet dish (*badi*). Few communities observe a total ban on human colostrum. A woman who takes her baby to breast first squeezes out a few drops. Completely expressing colostrum from the breast would be quite difficult and painful and we doubt that it is ever done.



### What do shaastras say about *peeyusha*-colostrum?

The shaastras do not mention discarding *peeyusha*, nor do they recommend giving it during the first three days of birth. *Peeyusha* is described as thick, viscous and heavy to digest. It solidifies when heated. The newborn may have difficulty, sucking or digesting it during the first or second day. It can be easily digested when the baby is put to breast on the fourth day.

Maharishi Sushruta and Vaaghbhata also recommend squeezing out some milk before feeding the baby. If the child sucks breasts that are filled with milk, it may go into the air passage producing cough, difficulty in breathing, vomiting and fever.



## What do women say about other feeds before starting breast-milk ?

Giving other liquids before breast-feeding starts is an established tradition in many communities. The child is put to breast by the third day or so. Pre-breast feeds are given with a view to maintain newborn's hydration and nutrition, to improve its immunity and even promote its cognitive development. Cultural significance and values are involved, too. The first pre-breast feed is given by a privileged relative and is supposed to influence the personality of the baby.

It is believed that the new-born needs light easily assimilable fluids before it takes to breast-milk. Substances are reported in Table 10.2

**Table 10.2 : Pre-breast feeds before starting breast-milk**

(key: \* =text-mentioned, □ = not-text mentioned)

Practice	State	Remarks
□ castor oil on first day	KAR	<i>kafa-vaata hara</i> cleans bowels
□ foster mother employed	MP	useful in lactation failure
□ cumin water, plain	KAR	immunity promoter & digestive
* jaggery and ghee	RAJ	nutritive, unctuous
* jaggery water	GUJ,RAJ	nutritive, heating
* water boiled with jaggery & ghee	GUJ	nutritive, hydrating unctuous
□ water in which betel nut is soaked	MP	hydrating, astringent
□ cumin seeds boiled in water with sugar	KAR	immunity promoter & digestive
□ boiled & cooled water with dry grapes & sugar candy	KAR	hydrating & nutritive
* honey, water	UP	nourishing, <i>kafa</i> subsider, hydrating
□ goat's milk	GUJ, BIH, RAJ, MP, UP	easy to digest, nutritive
* honey	RAJ, MAH, WB, BIH, TN	nourishing, <i>kafa</i> subsider
□ sugar water	MAH, TN, GUJ, WB, MP	energy giving <i>Kafa</i> elevator, hydrating
□ cow's milk	MAH, GUJ, TN, WB, BIH, RAJ, MP, ORI	similar to human milk, nutritive

Cow-milk (in eight states) is the most common and then goat-milk (in five states.)

Honey and sugar water are the next two common substance given before breast feeding (five states).

Jaggery (brown sugar) in various combinations is given in three states.

From Kerala we got no feed-back on any pre-breast feeds.

The feeds reported are fluids, mild herbal decoctions, milks, lickable semi-solids and oil. They are usually energy giving, immunity promoting, digestive and bowel cleansing. Most are not mentioned in the shastras but based on *ayurveda's dravya-guna* (properties of substances) one can know the properties of the herbs.

Breast-milk of other woman and of various animals is sometimes chosen. These are not recommended by the shastras as pre-breast feeds, but may be more useful in case the mother's milk is not available by any chance. Allopathic doctors discourage any sort of feeding before breast-milk.

*Sugar water and cow's milk formula are very irritating if asphyxiated (Anand; 1990).*

*Giving pre-lacteal feeds as a routine may interfere with the mother's confidence and hence let-down reflex, and sucking stimulation and prolactin production. ( Narayanan; 1980).*

*Infections may be introduced by prelacteal fluids (Illingworth; 1983)*

The pre-breast feeds are small in amount, given through a clean cotton wick upon which the newborn sucks. This promotes the sucking reflex and reduces the chances of fluid going in to the air passage.



*Pre-breast feeds are given through a clean cotton wick.*

*It is true that poor hygiene, unsafe water and contaminated substances may introduce infection. However, while the need for safe water, sanitation and meaningful education about hygiene is left unmet, we blindly discard a culturally significant tradition.*

Culturally, in any case the woman expects to breast-feed her baby. The supportive social environment provides the needed confidence to woman.



## What do *shastras* say about pre-breast feeds?

In order to improve the immunity of the newborn, to cleanse its system and to provide nutrition until breast-feeding begins, the following feeds are suggested by *Maharishi Sushruta* and *Vaaghbhata*.

- on the first day, a mixture of honey and *ghee*, with *ananta* (gold or *durva*, a fine grass) also added, consecrated with *mantras*, of an amount which can fill the palm of the newborn, three times in the day.
- on the second and third day, *ghee* medicated with *laxmana* enough to fill the palm of the newborn should be given.
- on the fourth day in the morning and evening, honey and *ghee* in the same quantity should be given.



## What do women say about duration of breast-feeding?

Children in India are breast-fed for a long time. Breast-feeding may go on for about two to three years. In fact the period ranges from a minimum of one to maximum of about four years, according to the women interviewed in this survey. Consider Table 10.5.

**Table 10.5 : Duration of breast-feeding**

(Key: ✓ = women report, - = Don't report, \* = text-mentioned, □ = not text-mentioned)

Duration	BHR	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* next conception	✓	✓	-	-	✓	✓	-	✓	✓	-	-	6
* 2 years	-	✓	-	-	✓	✓	✓	✓	✓	-	-	5
* 1 1/2-2 years	✓	✓	✓	-	-	✓	-	✓	-	-	-	5
* 2-4 years	-	✓	✓	✓	✓	✓	-	-	-	-	-	5
* 1 year	-	✓	-	-	-	✓	-	-	✓	-	-	3
* as child demands	-	-	-	-	✓	-	-	-	-	-	✓	2
□ until milk flows	-	✓	-	-	-	-	-	✓	-	-	-	2
total	2	6	2	1	4	5	1	4	3	-	1	

Commonly, women continue to breast-feed until the next conception or until the baby is 1 1/2 to 4 years of age. Continuing breast-feeding for as long as four years was reported from five states, including Kerala. Likely this refers to a woman's common experience with her last child to whom she feels particularly attached and nostalgic, as there is no baby to replace it.

However, in cities and towns especially if a woman works outside of home, a child may be weaned earlier. Particularly middle class women and men, have a fear of breast-feeding leading to sagging breasts.

The benefits of continued breast-feeding for a baby are undeniable but both mother and baby's diet must be supplemented according to both their needs. Depletion of woman's resources is often overlooked. When the baby is small, for about six months, the woman may have some access to good food, but as the baby grows the demand on mother's time and energy and milk also increases. The need for her nutrition may often be overlooked while focussing on the baby.

### What do *shastras* say about duration of breast-feeding?

Stages of infancy have been described based on digestion capacities of the child. Accordingly, the first year of life is the "ksheerapa" stage where the infant is totally fed on breast-milk and fluids. Then in the "ksheeranaada" stage, for the next two to three years, the child's diet includes more milk and cereals. After third year in the "annaada" stage, the child's diet includes more solids like cereals and pulses with some milk. Based on these divisions, it is deduced that breast feeding should be continued at least for a year.

### What do women say about gender discrimination in breast feeding?

In all eleven states, many women said that there is no discrimination against girls in breast-feeding. Boys and girls are breast-fed for the same duration. But other women said...

*Boys are breast-fed longer than girls...*

(Madhya Pradesh, Gujarat, Maharashtra, Tamil Nadu, Kerala)

*Boys' digestive power is less than girls. That's why.* (Maharashtra)

### What do *shastras* say about gender discrimination in breast-feeding?

The *shastras* do not advise or reflect any discrimination in breast-feeding nor do they mention it.



## What do women say about posture for breast-feeding?



*The child should be breast-fed while sitting.*

Generally, people feel breast feeding needs both woman and the baby to be comfortable and clam

Women from eight states, except Rajasthan, Bihar, Madhya Pradesh say that the child should be breast-fed while sitting.

Some don'ts about the feeding posture are also observed.

In Tamil Nadu, women said that they avoid breast feeding while standing or while travelling in a bus.

In Tamil Nadu, Gujarat, Maharashtra, and Madhya Pradesh, women warn against breast-feeding while lying down.

Women in Rajasthan say, don't breast-feed when you feel like shitting or when you're sweating or just after being in the sun.

Women in Rajasthan and Bihar said it's nice to breast-feed while lying down, just take care so the child's breath is not blocked if both fall asleep.

All this advice is sensible. Sitting is the best, agreed. It is the safest and most convenient for baby and mother. Lying down is restful. The cautions are mainly to avoid milk getting into the air passage, or the baby being smothered.



## What do *shastras* say about posture for breast-feeding?

The *shastras* also suggest sitting for breast-feeding and they caution that the infant's mouth and nose is not covered by breasts, and the baby does not have to press hard to suck milk or ingest too much air along with breast-milk.



## What do women say about how often to breast-feed?

Usually, the baby is breast-fed whenever it cries.

Women in most states, except Kerala and Karnataka said feed whenever the baby demands.

Women from nine states agreed except Karnataka and Kerala and said, even if the baby wakes up at night, crying, you must feed it.

In Kerala and parts of Maharashtra and Madhya Pradesh, women advised that breast-feeding should be scheduled.

In Kerala, Karnataka, Tamil Nadu, Rajasthan, Bihar and Maharashtra some women felt that night-feeding isn't good.

It is believed that a baby cries when it is hungry or wet. Hence it is put to breast whenever it cries, even at night. Feeding the baby when it demands helps to ensure enough nutrition as more breast-milk is produced when the baby sucks frequently. Some times frequent breast-feeding may provide respite from other work. The western concept of schedule-feeding has reached six states.

In all states except Karnataka and West Bengal, they also said that burping the child after feeding helps to let gas escape and prevent spitting up milk.

A burp after the feed allows the milk to settle down in the stomach and relieves discomfort in the belly.



*Burping the child helps to let gas escape*

### What do *shastras* say about frequency of breast-feeding?

The *shastras* also support breast-feeding when the baby demands. They are silent about feeding the baby at night. Some of our *vaidya* friends disagree with feeding at night as they say, it may lead improper digestion.



### What do women say about testing of breast-milk?

The concept of 'vitiation' and a keen eye on breast-milk quality is prevalent in many communities. The test of quality or quantity is the baby's growth.

In Gujarat \* if the child stays in good health, the milk is considered good.

In Uttar Pradesh \* if a child stays thin and weak, the breast-milk is not right.

In Maharashtra \* if the child gets diarrhoea, the milk is considered vitiated. □ if the child starts walking within eight to ten months, the milk is considered nourishing, but if the child walks later than a year, the milk is felt to be at fault. □ if the child throws out the milk often the milk is not good.

In Rajasthan □ if the breast-milk is thin, the child grows plump and healthy, and if the milk is thick, the child becomes thin and weak. Women in Tamil Nadu apparently believe exactly the opposite.

\* Tests can be preformed on milk to clear up doubts, according to women in Maharashtra • milk is squeezed into a spoon if it looks like a *thread*, it is considered vitiated. • if the milk is foul-smelling, watery with scant flow, and the woman's body aches and her breasts are painful, the milk is considered vitiated.

(Ayurvedic texts mention this characteristic of vitiated milk but the test is performed by adding breast milk to water.)

The idea of vitiation seems prevalent in Gujarat, Rajasthan, Tamil Nadu, Madhya Pradesh and Maharashtra. There is a contradiction in belief between Maharashtra and Tamil Nadu.

Regardless of contradictions the traditional concern for the quality of breast-milk draws attention to the health and nutrition of the baby and may be helpful to improve woman's access to better food and care. However at present, numerous dietary restrictions imposed on women who are breast-feeding are largely due to the belief in vitiation of milk. Not only are women underfed, but they are blamed for having 'bad milk.'

### What do *shastras* say about testing of breast-milk?

The most crucial test is the health and development of the baby. If the baby does not suffer from diarrhoea and other diseases and does not loose weight, the breast-milk is good.

The *shastras* describe testing of breast-milk by adding it to water in a clean bowl. Normally it neither settles down nor floats on the surface but

mixes very well with water and neither is it frothy nor stringy. *Shuddha stanya* (pure breast-milk) is thin, cooling, whitish-yellow like a conch shell.

## What do women say about reasons for stopping breast-feeding?

People know that continuing breast feeding is important for the baby. However, some times there are instances when the duration of breast feeding is cut short. Consider Table 10.7.

Table 10.7 : Reasons for stopping breast-feeding

(Key: ✓ = women report, - = Don't report, \* =text-mentioned, □ = not text-mentioned)

Condition	BHR	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* contagious disease (woman)	✓	✓	-	✓	✓	✓	-	✓	-	✓	-	7
* high fever, breast abscess	✓	✓	-	✓	✓	✓	-	✓	-	✓	-	7
* if pregnant	-	✓	-	✓	✓	✓	-	✓	-	✓	-	6
□ never stopped	-	-	✓	-	✓	-	-	-	✓	-	-	3
□ malaria/jaundice (woman)	✓	✓	-	-	-	-	-	-	-	-	-	2
□ child has diarrhoea	-	-	-	✓	-	-	-	-	-	-	✓	2
* small-pox in the woman	-	-	-	-	-	-	-	-	-	-	✓	1
□ milk spoilt	-	-	-	✓	-	-	-	-	-	-	-	1
□ woman has diarrhoea	-	-	-	-	-	-	-	-	-	-	✓	1

The most common cause for stopping breast-milk is an infection. It could be in the mother, like breast abscess or tuberculosis, or it could be in the child, like diarrhoea.

In West Bengal, a woman's milk is sometimes said to be 'spoilt' so it must be stopped.

Most communities closely share with *ayurveda* the concept of vitiation of breast-milk, held responsible for various weakening effects on the baby. Steps for correcting vitiation was not within the scope of this study. We suspect such a practice exists among women.

## What do *shastras* say about stopping breast-milk?

The *shastras* have described physical as well as emotional conditions when a woman should not breast-feed the child.

The physical conditions are • hunger • exhaustion • vitiation of *dhatus* • pregnancy • fever • weakness • consumption of incompatible diet.

The emotional conditions are • grief • anger • reluctance to breast-feed • psychological problems.



## What do women say about substitutes for breast-milk?

A woman may have difficulty feeding her baby if she has no breast-milk, breast infection or abscess, high fever or vitiated breast-milk. In that case the baby is given a substitute for mother's milk. Consider Table 10.9

**Table 10.9 Substitute to breast-feeding**

(Key: ✓ = women report, - = Don't report, \* = text-mentioned, □ = not text-mentioned)

Substitutes to breast-feeding	BHR	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* cow-milk	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	10
* goat-milk	✓	✓	-	-	✓	✓	-	✓	✓	✓	✓	8
□ tinned milk-powder	-	-	-	-	-	-	-	-	✓	✓	✓	3
□ diluted cow-milk	-	-	-	-	✓	✓	-	-	-	-	-	2
* another woman	-	-	-	✓	✓	-	-	-	-	-	-	2
□ animal milk	-	-	-	-	-	-	-	-	-	-	✓	1
□ rice or <i>baajri</i> roasted, ground to flour sugar and water added	-	-	-	✓	-	-	-	-	-	-	-	1

In the hindu culture, the cow is sacred and given the status of mother. Hence, the first substitute chosen for breast-milk is often cow's milk. Goat's milk is next as it is considered light and strength-giving. At times women add water to dilute the milk so that the baby can easily digest it. This practice could lead to diarrhoea in absence of safe drinking water. Note that women have not mentioned buffaloes' milk to the baby. Buffaloes' milk is heavy to digest because of high fat content.

In two states, breast-feeding by another woman who is lactating is suggested. In the rural areas, this is culturally acceptable but sometimes class and caste barriers prevent baby from being fed on breast of other woman. Whenever possible, this is the best substitute for the baby.

*In three states, women mentioned giving baby milk-powder.*

This is a matter of concern because of the well-known problems of diarrhoea and malnutrition associated with infant milk formulas, because it strains the meager budget of the households and because indigenous substitutes are usually available.

*In Maharashtra, a cereal preparation from rice or millet flour is used as a breast-milk substitute*

Poverty or non-availability of milk, forces a substitute to be made from rice or millet flour. This can supplement breast-feeding when the baby is older but is not the best choice in place of mother's milk as the small baby may not digest it and it may not give adequate nutrition.

 **What do *shastras* say about substitutes if child is not fed mother's milk?**

The first preference is given to *dhaatri*- another woman who can breast-feed. The qualities of an ideal *dhaatri* are:

A *dhaatri* should be willing to breast-feed the baby and enjoy it. She should be closely associated with the family. Her own children should be healthy, so she herself should be. She should be affectionate and interested in the welfare of the baby. She should be clean, take her bath daily and wear clean clothes. Her diet should be adequate and congenial. She should not be cranky or greedy. She should take regular balanced meals. She should not be suffering from any diseases and should not have any mental worries or addiction. Her breasts should be well-shaped with well formed and protruding nipples.

Such a detailed description devoted to a *dhaatri* seems to indicate the prevalence of this practice. Or do the *shastras* written mainly for the kings imply that, it is inappropriate for a queen to breast-feed the baby ?

The next best substitute is goat's milk or cow's milk. A suggestion is also made to boil cow's milk with *laghu panchmoola*-roots of five trees - *bilva*, *agnimanth*, *shyonaak*, *paatala*, *gambhaari* and mixed with enough sugar, so as to make it similar to breast-milk.



## What do women say about improving the quality and quantity of breast-milk?

Women believe that breast-milk quality is as important as its quantity in order to sustain the baby's health. Various measures are suggested to improve the quantity and the quality. Consider Table 10.11.

**Table 10.11 : Measures to improve breast-milk**

(Key: \* =text-mentioned, □ = not-text mentioned)

Foods	States	Remark
* mutton, fruits & milk	TN	nutritious
* meat, fish, rice bran	BIH	nutritive
□ udid daal	WB	not known to enhance breast-milk
* milk	MP, WB	enhances breast-milk
□ masoor (lentils)	ORI	not known to increase milk
□ green vegetables, fruits	WB	nutritious
* dry fruits cooked in milk	UP	enhances breast-milk
□ rice and beans	BIH	nutritive
□ green vegetable	BIH	not known to enhance breast-milk
* kanji of wheat, green grams, nutritious food	KER	nutritious
* balanced diet, lavish use of garlic fish, brinjal, greens, milk & eggs	TN	enhances breast-milk
* fish, coconut, ghee, jaggery, dil-seeds, tender coconut-water, buffaloes' milk, maize	GUJ	nutritive
□ local vegetables, masoor daal & poppy seeds	MAH	as above
<b>Special foods &amp; practices</b>		
* laddus (sweet balls with ajowain, root of pipali, ghee, ginger gond (edible gum) & jaggery.	RAJ	nourishing, vaayu-regulating, enhances lactation, restoration of womb & reproductive tissues
* milk of coconut & rice paste	MAH	enhances breast-milk
* arappu marunnu is taken	KER	nourishing details are required
□ magical rituals ashes boiled in water	GUJ	could be of emotional value.
□ ginger, seeds of ajowain, turmeric	BIH	not known to enhance lactation
□ oil massage of breasts	WB	stimulates tissues, vaayu-subsiding, nourishing

contd...

Table 10.11 : Measures to improve breast-milk

(Key: \* =text-mentioned, □ = not-text mentioned)

Herbs	States	Remarks
□ shekapai leaf juice	KAR	not known to enhance lactation
* cumin seeds crushed with milk	UP	enhances lactation
* pipali with mustard oil	UP	enhances lactation
□ sevda root rubbed	GUJ	identification of herb required.
□ doodh bora with milk	MP	as above
* licorice root with jaggery	MP	enhances lactation
* powdered root of shataavari,	UP	enhances lactation
* powdered root of pipali	RAJ	enhances lactation
□ wild garlic ( <i>Allium sativum</i> ) in a betel leaf	MP	enhances lactation
* shataavari root with milk	MP, ORI MAH	enhances lactation strength-giving
* 'milk' of unripe papaya	MP, BIH, ORI	enhances lactation, heating
□ numerous herbs Roots: Gometh, shirei, rankulid, shind, dudhuli, upalsari, raang ajaari Leaves: White gunja ( <i>A. brus</i> <i>precatorius</i> ), thorns of sarvi Tubers: Halidada, doodh halinda	ORI	identification required



Locally available herbs & foods are used to enhance lactation

In each state, locally available ingredients are used to enhance lactation. Herbs and foods are often mixed and indistinguishable from each other. Despite much diversity, the root of shataavari (*Asparagus racemosus*) is the most common specific herb used specifically to enhance lactation. The herbs and foods recommended are primarily nutritious and strength giving.

Some of them are known in the *shastras* to have the property to increase breast milk. This is an area where the local traditions and the *shastras* can contribute specially. Not restricting themselves to dietary measures, women have the knowledge to identify special foods and herbs that would promote breast-milk.

While we know the emotional state of a woman plays an important role in milk production and that women attend to this aspect, it was not in focus during the survey.

Preparations like *khas khas kheer* (sweet preparation in milk using crushed poppy seeds) or *aleev, asalio* (water cress) or sweet *laddus*- balls made of edible gum, herbs like *methi* (Fenugreek seeds), dry fruits, coconut, bishop-weed seeds etc. are used widely to increase breast-milk as well as to restore the reproductive system and body.



### Diet during breast-feeding period:

Diet plays a major role in enhancing breast-milk. To ensure adequate quantity and the right quality of milk, the following do's and dont's are suggested to the women during lactation.

**Table 10.12: Woman's diet during breast-feeding period**

(key: \* =text-mentioned, □ = not-text mentioned)

State	Do's	Don'ts
BIH	* eat more <i>ghee, halva</i> , daily diet. * avoid salty and sour foods.	
GUJ	* have a light routine diet with <i>jaggery, dry coconut, vegetables, ghee, fresh milk</i> . □ avoid green vegetables, ground nut, beans, curds.	
KAR	* <i>raagi</i> (a millet) pepper soup & <i>shekakai juice</i> .	
MP	* eat foods cooked at home, <i>khichadi, wheat chapati, ghee, black gram, vegetables, eggs, rice, maize, ghee, curds, fruits, eggs, ajowain, milk, dry fruits and jaggery</i> for a month. * avoid leafy vegetables, aubergine	

State	Do's	Don'ts
MAH	<ul style="list-style-type: none"> <li>*for three months, eat <i>chavli</i> (finger beans), potatoes, oil, <i>udid</i> like (black gram), <i>chana</i> (bengal gram), <i>baajri</i>, maize, cluster beans, brinjal, <i>Khekda</i> (crab), <i>kombdi</i> (chicken), chicken soup, more <i>ghee</i>, coconut, milk, <i>sheera</i> (same <i>ashalva</i>) daily • take rice, wheat, <i>daal</i> for five days, after that <i>jowar</i> • for a month, eat <i>math daal</i> • wheat <i>bhaakar</i> (bread) from one to eleven months. • eat <i>banti</i> a cereal, pulses, green gram for twelve months.</li> </ul>	<ul style="list-style-type: none"> <li>*avoid gas -producing foods □ rice, pumpkin and aubergine-brinjal, oil, sour food spices, nonseasonal vegetables.</li> </ul>
RAJ	<ul style="list-style-type: none"> <li>*eat foods cooked at home, and sweet <i>laddus</i>, <i>khichadi</i>, wheat <i>chapati</i> and <i>ghee</i>, milk, curds, fruits, eggs, <i>ajowain</i>.</li> </ul>	<ul style="list-style-type: none"> <li>*avoid eating pulses &amp; vegetables for the first five days. Later on, avoid oil, sour foods, spices, non seasonal vegetables jaggery, beans, peas, sour buttermilk, lady's finger (Okra), colocassia leaves, pumpkin, guavas and berries.</li> </ul>
TN	<ul style="list-style-type: none"> <li>eat meat, pulses, easily digestible food, porridge, ginger, <i>kalisalavu</i> and pepper soup. sour buttermilk,</li> </ul>	<ul style="list-style-type: none"> <li>□ avoid mango, pumpkin, raw plantains, bottle gourd, jack fruit <i>oulimanji</i> (<i>hibiscus cannabinus</i>), pork, sheep's meat, curd rice, mango, jack fruit and eggs.</li> </ul>
UP	<ul style="list-style-type: none"> <li>eat foods cooked at home, and sweet <i>laddus</i>, <i>khichadi</i>, wheat <i>chapati</i>, milk, <i>ghee</i>, curds, fruits, eggs, <i>ajowain</i>.</li> </ul>	<ul style="list-style-type: none"> <li>□ avoid oil, sour foods, spices and non seasonal vegetables.</li> </ul>
WB	<ul style="list-style-type: none"> <li>eat onion, garlic, cooked green bananas &amp; vegetables with rice and <i>daal</i>; fried foods are ok.</li> </ul>	<ul style="list-style-type: none"> <li>□ avoid too much rice, tamarind, sweet gourd and vegetables.</li> </ul>

Most of these local dietary practices during breast-feeding find reference in the *shastras*. The *shastras* do not list food items but have described specific properties of foods which should be consumed or avoided during breast-feeding period. Mostly women recommend the routine- staple foods. Nutritive foods like *daal* and *sheera* help to meet the increased requirement during lactation. No harmful practice is noted in this context.

Note that in comparison to recommendations, women suggest very few restrictions. As the food a woman eats are supposed to determine the properties of breast-milk, she is advised to avoid foods that are difficult to digest, spicy foods and those which aggravate the *dosha*- *vaayu*, *pitta*, *kafa*. During the first week after child-birth, the woman may be resting and heavy foods may lead to digestive problems for her and the baby.

In some places, dietary restrictions are continued for a long time, up to eleven months, leading to maternal depletion. Local traditions rarely recommend leafy vegetables but they stress eating other vegetables and tubers. Green leafy vegetables are felt to be difficult to digest and may disturb the quality of breast-milk.



### What do *shastras* say about diet of woman while breast-feeding?

The diet of the woman should include foods that enhance breast-milk and among these she should eat foods according to her *agni* (digestive power). She should avoid much curds, buffalo meat, alcohol, jaggery or fish, salty, sour and pungent foods. Too hot, cold, little or too much food may vitiate breast-milk. Foods that are stale, fermented, heavy, incompatible or over-cooked and a diet not suitable to her *prakriti* constitution also affects the quality of breast-milk.

Diet and care even during pregnancy helps in breast-milk production. The *shastras* suggest dietary, herbal and emotional measures.

**Do's related to diet and activities:** Love and affection for the baby and inclination to breast- feed are essential for breast-milk production. Looking at baby, handling, carrying or keeping it nearby, even remembering the baby promotes mother's milk secretion. The baby's sucking is the most important stimulus for the secretion of breast-milk.

Further, a happy state of mind and adequate rest and sleep are needed. The woman's diet should be predominantly *madhura* (sweet) and *lavana* (salty) in taste, *kafa* *vardhaka*- increase *kafa* with a cooling and soothing effect. Especially, milk, meat, cereals, sugar, wine, curds, *aasava* (fermented herbal preparations), ghee, oil, wine, desired things and plenty of fluids help to increase the quantity of breast milk. The following dietary recommendations can be made, varying with local conditions and so on:

Cereals	:	wheat, rice, pearl millet, barley; (local diet)
Fats	:	ghee, oil
Meats	:	fish, lobster, crabs etc.
Milk	:	milk of goat and cow
Pulses	:	black-gram
Others	:	sugacane, sugar, jaggery, groundnut, alcohol, wine.
Spices	:	garlic, black pepper, asafoetida, onion
Vegetables	:	mostly roots <i>shingada</i> ( <i>trapa</i> ), turnip, pumpkin, coconut, potato, yam, juicy and tender stalks of <i>vata</i> ( <i>Ficus bengalensis</i> ) and <i>peepal</i> ( <i>Ficus religiosa</i> ) trees.
Herbal Preparations	:	<i>aasavaas</i> and <i>arishtas</i> (fermented products) of the following herbs enhance lactation: bark of <i>kshiri vrksha</i> (trees which secrete milk) like <i>peepal</i> <i>vata</i> , grasses like <i>kusha</i> , <i>kaasha</i> , <i>gundra</i> , <i>itkata</i> , <i>saariva</i> ( <i>Hemidesmus indicus</i> ), <i>shataavari</i> ( <i>Asparagus racemosus</i> ), <i>ashwagandha</i> ( <i>Withania somnifera</i> ), <i>yashtimadhu</i> ( <i>Glycrrhiza glabra</i> ), <i>hingu</i> (asafoetida), <i>jatiphal</i> (nutmeg) are useful in increasing breast-milk.

**Don'ts related to diet and activities:** The woman should avoid stress, anger, grief, exertion, eating less food or heavy foods like animal fats, leaves of mustard, meat of pig and buffaloes and drinking *sidhu* wine during the day time.



**What do woman say about measures to reduce or stop breast-milk?**

When a woman produces breast-milk in excess of the baby's need or demand, the measures listed in Table 10.18 are adopted.

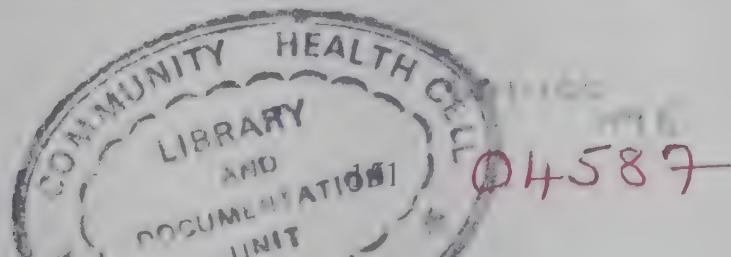


Table 10.18 Measures to reduce breast-Milk

(key: \* = text-mentioned, □ = not-text mentioned)

Measures	State	Remarks
□ milk of <i>aakkdo</i> is applied	GUJ	heating, may irritate skin
* drink less fluids	MAH	could reduce milk
□ lentil paste applied	WB	possibly drying effect
□ neemleaf . paste applied	GUJ	As above
□ onion juice applied	MAH	effect not understood
* less food & salt for 3 days	TN	reduces milk
□ local herbs tied on breast	RAJ, KAR	allows time to pass
* left to stop naturally except ORI	10 states	milk usually dries up
* milk enhancing foods & herbs stopped	UP	logical to reduce milk
* dries due to grief	RAJ	emotional depression suppresses milk
□ jasmine leaves tied on breast symbolic,cooling	KER TN	allows time to pass
□ flour of <i>naachani</i> rubbed on breast	MAH	<i>naachani</i> is <i>laghu</i> (light) and <i>ruksha</i> (dry,rough)
□ <i>bhaakar</i> made of <i>naachani</i> & onion is eaten.	MAH	<i>naachani</i> is <i>laghu</i> (light) and <i>ruksha</i> (dry,rough)
□ paste of <i>sambhar</i> horn applied	MAH	not understood, otherwise supposed to heighten sexual desire
□ onion, garlic, sea fish eaten	WB	may increase breast milk; otherwise heightens sexual desire
□ leaves of <i>aakdo</i> heated & tied for 2 days	GUJ	heating, may irritate skin, obscure
□ Leaves of <i>fanas</i> , heated & tied for 2 days.	GUJ	effect not understood; possibly symbolic
□ <i>fanas</i> leaves circled around the woman praying and kept on fire place	MAH	milk dies up in course of time
□ mango leaves are rotated around the breast & tied above the heart	MAH	milk dries up as the leaves dry
□ mud,clay or <i>masoor dal</i> paste applied	BIH	as above supposed drying effect
* manual expression	UP, MAH, WB GUJ, MP, BIH	reduces engorgement increases milk

The fact that numerous measures to reduce breast-milk from all ten states except Orissa were reported indicates high newborn deaths. Basically the most common practice is allowing the lactation to dry on its own course. Herbs or other things may be applied or tied on the breast, probably letting time take its own course. Some of these, like applying clay might absorb moisture and reduce breast-milk in this or some other way.

Very few restrict diet and fluids, only in Tamil Nadu, Maharashtra and Uttar-Pradesh. Breast-milk drying up from grieving over the dead recognises the poignant effect of emotion.

The only likely harmful effect may be from applying calotropis on the breasts. The irritant milky secretion could lead to abscess.

### What do *shastras* say about reducing breast-milk?

Ocassionally, too much milk is produced and the over full breasts may cause problems for the mother and the baby like engorgement, pain and heaviness and the baby not able to suck. If not reduced it may lead to breast-abscess and other problems. Hence the *shastras* suggest removal of breast-milk and reduction of milk production by several measures like applying a paste of turmeric and roots of *dhatura* (*Datura metel*), wearing a tight blouse or binding the breasts, reducing the quantity of food as well as fluids and restricting sweet foods.



*Breast-milk drying up from grieving recognises the poignant effect of emotion.*



## Women Nurture...

The large amount of information about breast-feeding gathered in this study testifies the great importance of breast-feeding within traditional cultures in India.

Although the practice of initiating breast-feeding on the second or the third day is wide-spread. Putting the newborn to breast soon after birth helps the womb to contract and is likely to reduce maternal deaths due to post -partum hemorrhage.

According to this study, women squeeze only a few drops of colostrum to clear the nipple passage. They seem to know colostrum is important but give it on the second or the third day.

Within the traditional contexts, giving pre-breast ('pre-lacteal') feeds is a way to promote immunity and survival of the newborn. We need to look at people's way of doing it. Apart from its biological benefits, it is of cultural value. Instead of blindly discouraging these practices, we may need to support and strengthen them.

Breast-feeding for a long time is beneficial for a baby, but the woman's diet must be adequate. The baby's diet should be timely supplemented.

Women have extensive knowledge about foods and their influence on breast-milk quality and quantity. However the long list of foods and herbs to enhance breast-milk production possibly indicates a widespread problem of low breast-milk output linked with undernutrition, anaemia and stress.

Measures to reduce breast-milk are usually adopted when the baby dies or is weaned. We seldom hear of surplus breast-milk production, in case of an adequately sucking baby. This again hints at the limited quantity of breast-milk production.

Local breast-feeding practices are very positively reflected in the *shastras* which indicates that the reasons for poor health status of women and children are certainly beyond peoples' traditional practices and beliefs !



## SECTION-IV

# TRADITIONS SURROUNDING CHILD CARE



## SYMBOLS USED

✓ = Women report,

- = Women don't report,

\* = Text-mentioned,

□ = Not text-mentioned



= Information given by women



= Information given by *shastras*



= Conclusion of the chapter

## CHAPTER XI

### NEW BORN AND CORD CARE

*Proclaim, 'a boy is born!' when a woman is exhausted while giving birth, it returns life to the woman. (translation of a shloka from Ashtanga Hridaya.)*

Children, particularly boys are craved and valued. Survival in the critical first forty-five days and after is the crux of the traditional newborn care. Sun and water, hot and cold, are known to be vital in the universe, the sources of life. Various ceremonies or rites of passage are performed as the little one passes a handful of milestones.

*Jaat karma* is a *sanskaara* or ceremony performed on the first day to mark a safe birth; a close relative gives honey and *ghee* preferably with a gold ornament to the baby. Gold symbolises the sun who is the center of the universe. This ritual symbolically calls upon the sun God to sustain the newborn's life.

*Shashti puja*, a ceremony on the sixth day has a high significance in many communities in the northern and western parts of India. It is believed that the goddess of destiny writes her predictions on the forehead of the baby on this day. This ceremony also acknowledges the family goddess's role in the baby's survival. The dropping of the cord usually co-insides and occasions purification rites.

*Suraj puja* or *Aaditya darshan* (praying to the sun) on the eleventh day acknowledges the sun for giving life. For the first time, after child-birth, the mother and baby come out of the house.

*Naamkaran sanskaar* (naming ceremony) in the northern and west Indian states is on the twelfth day. The infant is named by its' father's sister amidst gaiety and celebration

*Eruwathi yetta kettuga* ('twenty-eighth day tying') is performed by the *nair* community in Kerala. A chain or special black thread is tied around the infant's waist, and a name is given by consensus among both mother's and father's families. The thread later helps to gauge the child's growth.

*Kuaan poojan* at forty-five days is a joyous rite where the woman worships the well, symbolic of the birth passage and the waters of birth,

and acknowledges its gift to the newborn's survival.

*Anna prashan*, the 'first feeding of cereals' marks the end of six months, and need to start semi-solid foods. Usually the mother's father(*naana*) or mother's brother (*maama*) feeds the baby. In Kerala, the extended family goes to a temple and the baby is fed *paayasam*, cereal with milk. The eldest person in the mother's family feeds the baby.

*Mundan sanskaar* is done to remove the hair on baby's head. The hair from womb (*paet ke baal*) are considered sacred . At times they are used for certain rituals by a childless couple: People are careful that no body steals a lock of heir from the baby's head till the *mundan sanskaara* is performed. Different sects perform it at specific age or pilgrimage. Usually, it is done while the child is a toddler or somewhat older, it marks the second and 'final' separation from mother/womb.

Rituals and *sanskaara* continue to mark events and phases in a person's life until the end. There are sixteen main *sanskaara*.

Such traditions help to strengthen a child's physical, emotional, social and cognitive development, especially for boys. Traditionally, the first three sects (*varna*) of the hindu social order, *brahmins*, *kshatriya* and *vaishnava* are entitled to perform these *sanskaara* while the *kshudra* ('lower' people) are barred. It is likely that the *adivasi* (tribal) and *dalit* (ex-*kshudra*) communities would follow some other traditional rites.

Traditional newborn care is woven within the socio-cultural and religious matrices, beyond this study's scope.



## What do *dais* and women say about care of the newborn?

**Giving the newborn a look-over:** After birth, the *dai* checks to see that the baby is 'normal'. The systematic 'look-over' may be combined with a first bath. This helps identify problems which need treatment or caution. In case of serious abnormalities incompatible with life, it may be decided to let the child die by neglect and then to bury it (rather than cremate).

**Table 11.1 Looking over the newborn**

(Key: ✓ = women report, - = Don't report, \* = text-mentioned, □ = not text-mentioned)

For what?	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* whole body, genitals	✓	✓	✓	✓	-	✓	-	✓	✓	✓	✓	9
* anus and genitals, breathing	-	-	-	✓	-	-	-	-	✓	✓	-	3
* for cleft palate, hand & shoulder	-	-	-	-	✓	-	-	-	-	-	✓	2
* colour (blue or pale)	-	-	-	-	-	✓	-	-	-	-	-	1
□ red or black patches- sevappuno & for movement/reflexes	-	-	-	-	-	-	-	-	✓	-	-	1
* colour & respiration	-	-	✓	-	-	-	-	-	-	-	-	1
* abnormal body parts	-	-	-	-	-	-	-	-	-	✓	-	1
□ for disease: <i>chaari</i> , child very thin, voice low; & <i>kanni</i> (?)	-	-	✓	-	-	-	-	-	-	-	-	1
□ for head shape, to rectify	-	-	-	-	-	-	-	-	-	✓	-	1

*Dais* in eleven states said that they look-over the newborn.

Out of nine clusters of signs described above, three were not mentioned in the *shaastras*. *Dais* in most of the states said they look over the whole body.

Generally the *dai* looks for • colour • respiration or crying • abnormal body parts • movements.

Only from one state, Uttar Pradesh, *dais* reported of paying special attention to baby's head.

*Dais* from Orissa reported two specific problems which they look out for • *chaari*, probably low birth weight or prematurity • *kanni* which we could not identify. A problem which *dais* in Tamil Nadu look-out for is *sevapunno*, -a skin-patch condition, but we don't have enough details to understand it.

**Methods to revive a newborn baby:** There is a wide range of resuscitation measures used when a baby is blue or white and limp and does not breathe. Out of the thirty techniques reported, only seven are mentioned in the *shaastras*.

Table 11.2: Methods to revive a newborn baby

(Key: ✓ = women report, - = Don't report, \* = text-mentioned, □ = not text-mentioned)

Method	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
<b>Clearing the throat</b>												
* hold baby upside down	✓	✓	✓	-	✓	-	-	✓	✓	✓	✓	8
* clean mouth	-	-	-	-	✓	-	-	✓	✓	✓	-	4
<b>Using water</b>												
* splashed on face, back	✓	✓	-	-	-	✓	✓	✓	✓	-	-	6
* hot & cold bath	-	-	-	-	-	-	-	-	-	✓	✓	2
□ sprinkle over head	-	-	-	-	-	-	-	-	-	-	✓	1
□ moist warm cloth on chest	-	-	-	-	-	-	-	-	-	-	✓	1
□ put feet in water	-	-	-	-	-	-	-	-	-	-	✓	1
□ hot water on joints & face	-	-	-	-	-	-	-	-	-	✓	-	1
□ pour over body	-	-	-	-	-	-	-	-	-	✓	-	1
<b>Using sound</b>												
□ beat metal plate near ears	-	✓	✓	-	✓	✓	-	-	✓	-	✓	6
<b>With hands, fingers</b>												
* pat on back	✓	✓	-	-	-	-	-	✓	✓	✓	✓	5
□ pat soles	✓	-	-	-	-	-	-	-	-	-	-	1
□ pull earlobes	-	-	-	-	-	-	-	-	-	✓	-	1
□ pinch (body)	-	-	-	-	-	-	-	-	✓	✓	-	2
<b>Blowing air</b>												
□ into child's ears	-	-	✓	-	-	-	✓	-	-	-	-	2
□ mouth-to-mouth	-	-	-	-	-	-	✓	-	✓	-	-	2
□ after chewing hot chilies	-	-	-	-	-	-	-	-	-	-	✓	1
<b>Applications</b>												
□ cowdung, on neck	-	-	-	-	-	-	-	-	-	✓	-	1
□ chew pepper & garlic, jaws	-	-	✓	-	-	-	-	-	-	-	-	1
<b>On tongue</b>												
□ nutmeg ( <i>jaifal</i> ) rub, give	-	-	-	-	-	-	-	-	-	✓	-	1
<b>Using cord and placenta</b>												
□ milch cord towards baby	✓	-	-	-	-	-	✓	-	-	✓	-	3
□ put placenta in warm water	-	-	-	-	✓	-	-	✓	-	-	✓	3
□ heat placenta	-	-	-	-	-	-	✓	-	-	-	-	1
□ pull placenta by heels, beat with footwear	-	✓	-	-	-	-	-	-	-	-	-	1
□ dip placenta in hot & cold water	-	-	-	-	-	-	-	-	-	✓	-	1
□ rub placenta after adding grains/heating	-	-	-	-	✓	-	-	-	-	-	-	1
total	5	5	4	-	5	2	5	4	8	11	9	

### Other revival methods :

Dais in Uttar Pradesh reported branding the infant with red-hot needle and giving leaves of five leaved chaste plants and bishops weed to play. In Maharashtra, they reported fomentation with heated salt. These practices however, are not text-mentioned.

So many methods for revival of a newborn suggest that the need for resuscitation measures at birth is common.

The most newborn revival measures were reported from Uttar Pradesh and West Bengal, and less than half were found in the shaastras (UP:4/13, WB:3/9).

Holding the baby upside down was reported by *dais* from eight states.

Dais from six states suggested using water in eight ways to revive the newborn, and from five states, there were six physical methods like patting and pinching.

Seven measures were described which use the placenta and cord, still attached, for giving indirect stimulation and heat to the newborn.

The three most common methods for newborn revival-holding baby by feet, splashing water and stimulating through placenta and cord in each case are reported from eight states. Kerala did not send any information.



*Holding the newborn upside down is the most common method for revival*



The next common methods for newborn revival, splashing water and stimulating through placenta and cord.

According to the *shastras*, sprinkling of water on baby's face and holding the baby upside down as a routine is helpful to clear the air passage and lungs.

Western science cautions that use of water may lead to loss of body temperature. We know that most *dais* use water judiciously and are quick and efficient about avoiding heat loss.

The practice of newborn revival by placental stimulation is related to people's perception of the placenta as a source of life. Un-mentioned in the *shastras* and unknown to the western science, this indigenous revival technique is performed by *dais* across the length and breadth of India. Moreover, it is worth noting that instead of throwing away the placenta as a useless object, the *dai* continues to view and use the placenta even after childbirth and bury it with regards, once the newborn starts to lead its own life!

The *shastras* mention holding the baby upside down and stimulating the baby by hand or with water. This practice is helpful to clear the respiratory tract and therefore facilitate breathing.

Using sound or noise to stimulate the newborn was reported by *dais* from five states, particularly beating a metal plate near the infant head. The *shastras* recommend beating stones. Traditionally it is believed that the human response to sound is earlier than response to light. Also, oral traditions emphasise 'hear and remember'. The practice of heating or beating the placenta and milching the cord seem to convey *praana* or vital energy into the infant.

*Dais* from Uttar Pradesh reported branding, or touch-burning with hot iron. Branding is mentioned elsewhere in the *shastras* as a therapy, but not for a newborn infant.

Although the *shastras* describe fanning with a reed basket, mouth-to-mouth breathing is not mentioned. Yet, *dais* from two states reported mouth-to-mouth resuscitation.

Blowing air after chewing chilies (red or green) is hard to imagine and dubious. Also, we have not understood the logic of applying cow-dung to the neck, or a chewed paste of garlic and red chilies to the jaws. These measures are likely to be harmful.

**Care of the cord:** It is called the *naabhi-naal,naadu,naydo var,naadi, pukkle* or the navel cord- the duct to the center of life-placenta. Culturally, the cord as well as the placenta has high significance. Being a 'connecting link' between the mother and the baby, they are regarded as the 'source of life'. Cutting it, symbolically separates two lives. Therefore *dais* and women are extra cautious in delivering, handling, separating and disposing the two. Care is taken to avoid illnesses related to severed navel cord.

Simillarly, the placenta is also looked after. It is commonly used after birth for newborn revival and buried with respect and regards.

The navel stump falls off after seven or eight days and is carefully preserved. It may be given to the baby in case of sickness or it may be buried in a corner of the house. People say that the baby has a special attraction towards the place even when it grows up. Hence the care of the cord-stump until it falls off is not only physical but of cultural importance, too. Table 11.3 lists the measures reported for the care of the navel-cord.

Table 11.3 Care of the navel cord and stump

(key: \* = text-mentioned, □ = not text-mentioned)

Practice	State	Remarks
<b>Cutting the cord</b>		
* after placenta comes out	all 11 states	text-mentioned
□ before placenta comes out	KAR, KER, BIH	cut after pulsation stops
<b>Who cuts the cord?</b>		
* experienced old woman	UP	as above
□ any woman of lower caste	UP, MP	attitude of pollution
□ any person except <i>dai</i>	UP, WB	<i>dai</i> 'doubly' polluted?
□ husband	BIH	tribal community
□ woman herself	MAH, KAR	due to poverty, isolation, or pride
* attendant	GUJ, KER, ORI, BIH, MAH, RAJ	expereinced person should cut
* <i>dai</i>	MP, RAJ, TN, UP, WB.	as above
<b>Tying the cord</b>		
□ not tied before cutting	KAR	hazard of blood loss & infection
□ tied with cloth piece	GUJ, RAJ, KAR	natural
□ with ribbon	RAJ, GUJ	availability
□ with creeper	KAR	nature friendly
* before cutting, with thread	all 11 states	prevents blood loss; thread how clean?
<b>Tool to cut the cord</b>		
* razor blade	all 11 states	boil or heat before use
* any sharp tool	ORI	clean & avoid rust
* sharp wood piece	KAR	freshly cut, from inside of wood
□ sharp stone	RAJ	newly split, smooth edge?
□ bamboo chip	WB, MP	preferred clean
□ scissors	KAR, TN, RAJ, MAH, GUJ, WB	boil or heat before use
* knife	BIH, GUJ, MP, KAR, UP, TN, RAJ	clean & avoid rust
* sickle	KAR, RAJ, TN, MAH, GUJ	clean & avoid rust
□ <i>buru</i> grass	MAH	sharp edge, herbal properties not known

contd...

Practice	State	Remarks
<b>'Purifying' the cutting tool</b>		
* heating over fire	GUJ, ORI	dry, effective
<input type="checkbox"/> wash with liquor	BIH, UP	possibly effective
<input type="checkbox"/> nothing...	MP, MAH	hazardous
<input type="checkbox"/> wash with hot water	RAJ, MAH	should use soap, ash or mud
<input type="checkbox"/> wash with dettol	RAJ	use locally substances
<input type="checkbox"/> wash with soap	GUJ	use locally substances
<input type="checkbox"/> scrub with mud or ash	GUJ	heat or boil
<input type="checkbox"/> only wipe	TN	should heat
<input type="checkbox"/> boiling in water	UP, BIH, MAH, TN, GUJ, WB	may easily get contaminated
<b>Length of the navel stump</b>		
<input type="checkbox"/> 3-8 finger widths	MAH, GUJ BIH, MAH	leave between 4-8 finger widths as stump
* up to new born's knee	ORI	as above
<input type="checkbox"/> about 1 finger length or span	TN	as above
<input type="checkbox"/> 2 finger widths	all states	too short; risky



In remote areas, the old traditions like using a blade of *buru* grass, a fresh-cut chip of bamboo or a sharp sickle remain untouched. Obviously, people in these region are still nearer to the nature. Some practices are new, like use of soap, dettol, and scissors and have come with the western culture and hygiene. The use of a packetted 'new blade' has become widespread as it is available, cheap, light and convenient. It is not guaranteed to be sterile however, and should be heated before cutting.

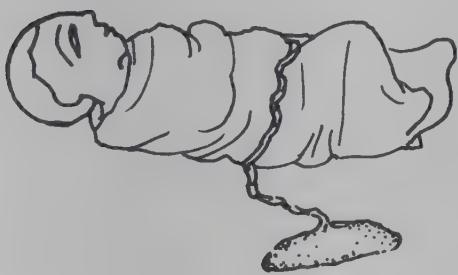
We see from this data that women occasionally manage their own child-birth without assistance of a *dai* or anyone else. Poverty and geographical isolation are obvious reasons. But sometimes, women say, it is a matter of pride in handling it all alone. It expresses the woman's special bond with the child and her right over it.

Caste and tradition-based untouchability still dominates child-birth practices in many states. The shabby treatment meted out to the *dai*, in some places not allowing her to cut the cord, or having the husband to cut the cord, indicate hierachal discriminations. Except in non-caste remote tribal communities, the *dai* is invariably of low caste, dedicated-for-dirty work, so to speak. Two variations of who can cut the cord both revolve on fixed ideas of untouchability.....

In Uttar Pradesh, Madhya Pradesh and West Bengal, some *dais* said they are not allowed to cut the cord -any other woman can. In tribal Bihar, the *husband* is summoned to cut the cord.

Alternatively, in Madhya Pradesh *only* the low-caste *dai* can cut the cord. If she can not come, the baby may be left attached to the placenta for a long time.

When to cut the cord-before or after the placenta comes out-is an important question. In training programmes, *dais* are taught to cut the cord after the pulsations stop, and let the placenta come out afterwards. By tradition, however, they *do* otherwise.



People see the foetus, cord and placenta together

In all the states, *dais* say they cut the cord after the placenta comes out, for fear that the placenta may go upwards and upwards inside.

At first, this may look like a mistaken idea of human anatomy. yet, it conveys a holistic idea. People see foetus, cord and placenta together as the produce of conception. Birth is not complete without the placenta. *Dais* in

most states also feared that cutting the cord early may cause a woman to bleed too much after child-birth.

In Rajasthan, Madhya Pradesh, Karnataka, Tamil Nadu, Uttar Pradesh (and from other states outside our study, like Andhra Pradesh and Punjab) there are many reports of *dais* using the placenta successfully for reviving a limp and lifeless-seeming newborn. It is interesting to ponder why such a distinct tradition in perhaps most of the states of India, crossing barriers of language and culture, has no mention in the texts of such astute observers as the great ancient physicians.

**Care of the stump and navel:** After cutting the cord, medicinal application, dressing and binding are prescribed by tradition. In ten states, treatments for the stump and navel were reported. Usually it involved applying oil or ghee, plain or mixed with a fresh herb, dry herbal powder or ash. Table 11.4 gives details.

Table 11.4 Applications on the cord stump and navel

(Key: ✓ = women report, - = Don't report, \* = text-mentioned, □ = not text-mentioned)

Applications	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
<b>Oil-based</b>												
* any oil	✓	✓	-	-	-	-	-	✓	-	-	-	3
* mustard oil	✓	-	-	-	-	-	✓	-	-	✓	-	3
* castor oil	✓	-	-	-	-	-	-	-	-	✓	✓	3
* sesame oil	✓	-	-	-	-	-	-	-	-	-	✓	2
* coconut oil	-	-	-	✓	-	-	-	-	-	-	-	1
* groundnut oil	-	-	-	-	✓	-	-	-	-	-	-	1
□ pepper & oil	-	-	-	-	-	-	-	-	✓	-	-	1
<b>Containing turmeric</b>												
□ dry powder only	-	-	-	-	✓	✓	-	-	-	-	-	2
* with castor oil	✓	-	-	-	-	-	-	✓	-	-	-	2
□ with ghee	-	-	-	-	-	-	-	✓	-	-	-	1
□ with T. chebula fruit harde & lime	-	-	-	-	-	-	✓	-	-	-	-	1
<b>Containing ash</b>												
□ cow dung ash	-	✓	-	-	✓	✓	-	-	✓	✓	✓	6
□ cigarette ash	✓	-	-	-	-	-	-	-	✓	-	-	2
□ beedi ash	-	✓	-	-	-	-	-	-	-	-	✓	2
□ tobacco ash &	-	-	-	-	-	-	-	-	-	✓	-	1
□ coconut oil	-	-	-	✓	-	-	-	-	-	-	-	1
□ chula (stove) ash	-	-	-	-	-	-	-	-	-	✓	-	1
□ ash (unspecified)	-	-	-	-	-	-	-	-	-	✓	-	1
<b>Other applications</b>												
□ cotton soaked in liquor	✓	-	-	-	-	-	-	-	-	✓	-	2
□ 'red medicine'	-	-	✓	✓	✓	-	-	-	-	-	-	3
□ raw cow dung	-	-	-	-	-	✓	-	-	-	-	✓	2
□ crushed flower of harde	-	-	-	-	-	-	✓	-	-	-	-	1
□ charua water & betel-nut paste	-	-	-	-	-	-	-	-	-	-	✓	1
□ dry coconut rubbed	-	-	-	-	-	-	-	-	✓	-	-	1
□ baked clay tile powdered	✓	-	-	-	-	-	-	-	-	-	-	1
□ dettol wash & gentian violet	✓	-	-	-	-	-	-	-	-	-	-	1
□ talcum powder	-	-	✓	-	-	-	-	-	-	-	-	1
□ boric powder or iodine	-	-	-	-	-	-	-	-	✓	-	-	1
□ nothing	✓	-	-	-	-	-	-	-	-	-	-	1
total	10	3	2	2	4	3	3	3	5	6	7	

In all states *dais* reported various traditional substances to dress the umbilical stump and navel.

Bihar reported the largest number of applications, half of which find support in the *shaastras*

The three most common substances applied on the cord stump are oil, turmeric and ashes.

The substances are meant mainly to dry out the stump and to prevent sepsis. The *vaidyas* felt that none of these substances are harmful. If care is taken to avoid contamination from unclean hands, cloth or otherwise, they do protect against sepsis.

The indigenous idea of *shuddhi* meaning purity is quite different from the notion of 'hygiene'. A person or a place may be clean but not pure. A place freshly laid with cowdung and mud may be clean and pure according to people but not hygienic according to the western scientists.

Fresh, uncontaminated cowdung is considered *shuddha*-pure. Traditionally it is used for floor plastering and in many religious ceremonies. Therefore, it is difficult for the *dais* and others to consider it source of sepsis, even if it is.

The *shaastras* do not mention applying cowdung to the cord. *Kushtha taila*-oil prepared by boiling a herb *kushtha* is recommended.

**Bathing the newborn baby:** During its stay in the womb, the baby enjoys warmth and cosines. Coming out in to the world, it may find cold and stony environment, needing time to adjust to the outside temperature. If born prematurely, or in winter, or in a cold place, temperature changes during a bath may be especially traumatic for the baby. Warm-cold-warm-cold may confuse its tiny brain about whether to adjust to warmth or coolness. Western science says that during the early days of life, function of the brain-part that controls temperature is not strong. Warm surroundings for the newborn are important and bathing done with caution. Table 11.5 lists the timing of the newborn's first bath in various states.

Table 11.5 Time to bathe the newborn baby

(key: \* = text-mentioned, □ = not text-mentioned)

First bath	States	Remarks
* after cutting the cord	10 states (except BIH)	not good for small, weak & premature baby
* 1 hour after birth	BIH, GUJ, MAH MP, TN, WB	OK if baby is healthy
* on birth-date	WB	OK if baby is healthy
* after placenta comes out	BIH, GUJ, MAH	keep baby warm
□ from fifth day onwards	MP	reasonable in cold weather, prematurity culturel significance
□ On day 6 or 7' along with mother	MP	
□ on day 2 after birth	WB	wait longer if cold weather, weak child
□ days 2 to 5 after birth	WB	as above
□ on day 13, with egg-white	TN	egg is nutritional



A bath is given by keeping the baby on extended legs

Usually the *dai*, mother herself or the mother-in law gives the bath. After giving a massage, the person keeps the baby on her extended legs and warm water is poured over the baby. Occasionally the person may allow the water to fall on the baby through her hand. This helps to gauge the temperature of water.

In all eleven states, *dais* said a bath should be given within twenty-four hours of birth and most specific soon after cutting the cord (nine states).

In Tamil Nadu, Uttar Pradesh and West Bengal some delay is observed in the infant's first bath, starting from the next day to the thirteenth day after birth.

Ayurvedic as well as allopathic theory recommends delaying the neonatal bath, particularly if the baby is premature or of low birth weight. In winter and in extremely cold places, bathing is likely to harm the newborn by loss of body heat, but sponging with a warm wet or even a dry cloth may be adequate.

Modern opinion is that the vernix (a white sticky coating on the newborn's body) is healthy, and helps in preserving body heat and fluid, and allows the skin to adapt to dry air. But usually vernix is considered dirty and polluted and the remains of the food like curds, eaten by woman during pregnancy. Therefore it is removed from the body at the earliest. However, some *dais* from Rajasthan also say it is nutritive and therefore they allow it to stay on the baby's body.

**Caring for a premature baby:** We found a lot of concern and belief about premature babies, like...

- a baby born at seven months can survive more easily than one born at eight months;
- an eight-month child' is usually male (*aathmaasa*) and if he survives, he will need attention throughout life;
- male infants are more likely to be born premature and their chances of survival are less, while females are less likely to be premature and survive more often.

Apart from the cleanliness angle, we looked at the bath from the perspective of maintaining body temperature. *Dais* were asked whether they give a bath if a baby is small and weak, probably premature.

*Dais* from ten states (except Gujarat) said they give a bath to all children.

In Tamil Nadu, Uttar Pradesh, West Bengal and Gujarat, some *dais* said they do not bathe a premature or weak infant.

In Gujarat, *dais* said they wait to bathe a premature infant at least three days after birth. In Rajasthan, women explained that they sponge small, delicate babies with warm water.

The second and third set of responses seem to be more correct and truthful than the first. Experienced field-workers know that, even for a full-

term baby, people do not always give a bath during the first few days. Much depends on the condition of the infant, the season and climate of the place.

An interesting method, a kind of artificial gestation, for the survival of premature babies was reported by *dais* from Rajasthan and Madhya Pradesh, who said...



A kind of artificial gestation was reported.

Hardly could one bathe such a baby! We have met a few *saatmaasa-aathmaasa* children and adults, who, in infancy had spent weeks after birth in a *ghada* like this, so apparently it is a time-tested tradition.

Probably, due to the influence of the modern training, the *dais* gave what they felt was an expected answer. It is also possible that *dais* have put modern messages into practice. But we have a feeling, in this case, that the *dais*' actual practice and their response to questioning are contradictory.

**Substances used for bathing the newborn:** People in most rural communities of India bathe only with cold or warm water. Or they may use a rough stone, a scrubber of dry *gilka*, mud or stone-ground flour of cereal or pulses, too. Natural bath substances like these are employed in bathing an infant.

Table 11.6 Substances for bathing the newborn baby

(Key: ✓ = women report, - = Don't report, \* =text-mentioned, □ = not text-mentioned)

Substances	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
□ soap	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	10
* oil	✓	✓	-	✓	✓	✓	✓	-	✓	✓	✓	9
* besan (bengal gram flour)	-	-	✓	-	✓	-	✓	✓	✓	✓	-	6
* turmeric	-	-	-	✓	✓	-	-	✓	-	✓	-	4
* malai (milk cream) & besan	-	✓	-	-	✓	-	-	✓	-	-	-	3
* moong flour	-	-	-	-	-	-	-	-	✓	-	-	1
* hot water & neem leaves or bishop-weed seed	-	-	-	-	-	-	-	-	✓	-	-	1
* aritha (soap nut) powder	-	-	✓	-	-	-	-	-	-	-	-	1
* water boiled with neem leaves	✓	-	-	-	-	-	-	-	-	-	-	1

Most substances and ingredients are locally available, low-cost and home-based. Being natural and familiar, they are felt to be safe for the baby's tender skin and to clean without disturbing the natural oils and skin moisture.

However, the most commonly reported substance is soap. While the *shaastras* did not conceive of soap, the *vaidyas* advise using mild soaps which do not remove the skin moisture and which are not irritant. Such soaps are costly and even then may not be locally available.

**Bathing and cleaning technique:** In all states *dais* said they pay attention to cleaning the eyes, nose, mouth and ears of the baby with a cloth.

Women in Maharashtra and Madhya Pradesh use groundnut oil to rub and clean the baby's body.

In Karnataka, women say, the eyes are cleaned with *besan* and water, the mouth with a finger while bathing, air is blown in ears, and at the end some oil is applied in the navel.

In Bihar, all parts are cleaned with old *ghee* and hot water...

In West Bengal mustard oil is used to clean the new born's body parts.

This all testifies that *dais* and women have a sense for cleaning the newborn, paying attention to details. Certain practices unmentioned in the

ayurvedic texts are listed in table 11.7

Table 11.7: Newborn cleaning and bathing practices

(key: \* = text-mentioned, □ = not text-mentioned)

Practice	State	Remarks
* navel cleaned with cloth	TN	cloth should be cotton, clean and sun-dried
□ palate lifted, air blown in ears navel cleaned with water.	MAH	perhaps not harmful; of cultural value; more details needed
□ clean with dettol, hot water & soap; then, apply oil heated with <i>ajowain</i>	UP	dettol not in texts! avoid strong solution; application of oil heating & strengthening
□ mercurochrome swabbed over parts to be cleaned...	WB	not in texts; antiseptic, not for cleaning for cleaning
* soap, water, <i>aritha</i> , <i>shikakai</i> & oil, are used	KAR	cleansing; improves skin tone; irritant to eyes

About half of the ways to clean the baby's body are text-mentioned and half are not. With ordinary caution, none of the practices are harmful.

### What do *shaastras* say about placenta, cord and new-born-care?

**Care of the placenta:** *Apara patana*-expelling the after-birth. *Maharishi vaaghbhata*, says that the placenta-*apara* comes out when it is released from the bonds of the mother's heart. The later identity is both physical and emotional identity. If the woman is tense, worried or shocked, expulsion of placenta may be delayed.

Various methods are suggested to assist the placenta to come out, like stimulating the uvula, lightly massaging the womb, fumigating the vulva with heat-producing and stimulant herbs, application of herbal pastes in the birth-canal, *yoni pichu* (vaginal swab) dipped in herbal oil, use of *anuvaasan*, *asthapan basti*-decoction through the rectum, *uttar basti*-decoctions into the womb, oral intake of herbs. If all these measures fail, it is suggested to remove the placenta, carefully, by hands.

Although proper disposal of the placenta is important within folk tradition, the *shaastras* do not describe it.

**Care of the navel cord:** The *shastras* mention the following considerations in caring for the cord. The birth attendant should measure a length of cord four to eight finger widths from the navel, tie a thread on both the sides of the mark, and cut it with *ardhadhara* (a surgical instrument) which is made of gold or silver. She should then encircle the thread of the stump loosely around the baby's neck. A swab soaked in *kushtha taila* (sesame oil boiled with *Saussurea lappa*) should be placed on the navel.

**Cleaning the newborn:** The *shastras* pay immediate attention to the cleaning of newborn after birth, indicating the attitude of child-birth pollution and the urgency to remove the taint bestowed from the mother's womb.

After baby and placenta are born and the cord separated, the vernix should be removed with oil and the baby given a bath. The anal orifice should also cleaned. After that the woman attending the birth, should wrap her small finger (with nails already cut) in a bit of cotton and clean the palate, throat, tongue and lips. After that the soft spot at the top of the head should be covered with a cotton pad soaked in oil. Then the child should be given a small amount of ghee mixed with rocksalt. This makes the baby try to vomit and helps to remove of the amniotic fluid swallowed during gestation.

Maharishi Vaaghbata, suggests that immediacy paid to cleaning of newborn is linked with its survival.

**Characteristics of a healthy newborn :** According to the *shastras*, the following features are looked for which mark a normal healthy newborn infant. These features also indicate longevity of baby.

- **Hair** -discrete, soft, porous, unctuous, firmly rooted and black
- **Skin** -thick, soft, firm, stretchable
- **Head** - slightly bigger in proportion to body, and shaped like an umbrella
- **Forehead** - broad, strong even compact having firm union with temporal bones, having three transverse lines, having wrinkles, shape of a half moon.
- **Ears** - thick, large, having even lobes elongated downwards, bending backwards, having compact tragus and a big ear hole.
- **Eyebrows** - tending slightly downwards, separated from each other, equal on both sides, compact, large.
- **Eyes** - of same size,

having a fixed look, black and white portions being clearly divided, strong, lustrous, having beautiful corners. • Nose - straight, well-ridged, slightly curved at top, capable of deep breath. • Mouth - big in size, straight, having compact jaws • Tongue - having length and width, thin, smooth, endowed with good colour. • Palate - smooth, hot in touch red in colour • Voice - profound, nimble, sweet, echoing, deep-toned and steady • Lips - neither thick nor thin, red in colour, adequate to cover the mouth cavity Jaws - large in size • Neck - round, not very large • Bones - clavicles and vertebrae not visible • Chest - broad and firm • Nipples - broadly spaced • Flanks - downwards and firm • Limbs - arms, thighs, fingers and toes round, full and extended, arms and legs chubby • Nails - firm, round, unctuous, coppery coloured, elevated and convex like a tortoise's back • Navel - whirled clockwise and well depressed • Waist - less than 3/4th of chest circumference, even and plump with firm muscles • Buttocks - round, firm, plump with muscles, not too elevated nor depressed • Thighs - tapering downwards, round and chubby • Calves - not too plump nor emaciated, resembling that part of a deer, bones and joints well covered • Ankles - sleek and flexible • Feet - with features described above and having the shape of a tortoise...

*A healthy newborn passes flatus, urine and stool, sleeps a lot, keeps vigil awhile, feels fatigue, smiles, cries and sucks.*

If it is not so, there may be a problem requiring attention.

**Revival of the newborn:** *Prana pratyagamana kreeya* (techniques to stimulate the newborn) are a part of *jaatakarma*-(immediate care after birth) and therefore routine.

Sound should be produced near the baby's ears by striking stones and by splashing cold and warm water [on the child's face] alternately. These measures stimulate breathing. If the newborn fails to revive by these methods, it should be fanned with a basket made of reeds until breathing is regular. One should remove mucus from the mouth and throat with clean cotton on the forefinger. The child should be given a small amount of rocksalt mixed in ghee. This would cause vomiting and clear the air passage.

The shaastras do not mention common practices of *dais* like holding

the newborn upside down and stimulating the placenta. Why the shaastras say so little about revival techniques may indicate less experience of newborn asphyxia or lack of information about women-held skills of midwifery.

**Bathing the newborn infant:** After the first bath, routine bathing is advised according to baby's strength. If it is weak, bathing is not advised.

The baby should be given a massage with *bala taila* (herbal oil). In accordance with the season, age and strength of the infant, a bath should be given with lukewarm water medicated with herbs adjusted to the child's constitution.

Season	Oil used	Water for bath treated with
summer	coconut	ksheeri vriksha (trees secreting milky latex)
winter	mustard	sarvagandha (fragrant herbs like <i>tulsi</i> )
all seasons	sesame	heated gold or silver, or <i>kapithha</i> (wood apple)

Use warm water. Avoid hot water on the head - it may lead to early greying and hairfall later in life. Scrub the body with paste made of *sarala* (*Operculina turpethum*), *amlaki* (*Emblica officinalis*) *arushkara* (*Semicarpus anacardium*). During the rainy season use warm water medicated with *nirgundi* (*Vitex negundo*) or *tulsi* (*Ocimum sanctum*) leaves.

For a child with a cold and runny or blocked nose, use bath-water medicated with *katunimba* (*neem*, *Azadiracta indica*), sandalwood or *manjishta* (*Rubia cordifolia*). If a child is of *kafa* constitution, hot water medicated with either *neem* or black pepper (*Piper nigrum*) is good.

Most soaps remove the natural skin oils and are harmful. Mild baby soaps are expensive or may not be available. Traditional soap-like substances may be cheaper and better for the skin, like *besan* (bengal gram flour), pounded *shikakai*, *aritha* (soap-nut) and other local ingredients.

## 👉 Women hold ...

Although navel cord care practices exemplify indigenous midwifery knowledge and skills, they are somehow at the root of the attitude of neglect and oppression meted out to *dais* by dominant caste communities.

Attention is paid to cleanliness of the newborn, the people attending and the surroundings. The indigenous idea of cleanliness and purity is quite different from the notion of 'hygiene', emphasising purity-shuddhi, which includes cleanliness.

The practices for low birth weight and premature babies appear inadequate. Information still needs to be collected and understood. Here we wish to stress the need to strengthen indigenous practices that help in maintaining body temperature.

The numerous revival and resuscitation practices possibly indicate the high prevalence of newborn distress and asphyxia in rural areas. This condition is linked with undernutrition of the woman. If emergency neonatal care services are set up in the rural areas, it must not be to the neglect of upgrading women's nutritional status.

Women have reported numerous practices through which they skilfully manage the newborn, placenta and cord. Their knowledge and skill allow her to hold the significant moment of the birth of humanity. However the *shastras* have missed to adequately document this important phase in life.



## CHAPTER XII

# INFANT-CARE AND UP-BRINGING

*When children and grand-children toddle around, when they speak the toddler language, soiled with mud and saliva drooling, it warms and pleases the heart, and taking them in arms gives unutterable pleasure. And what to say when these grow up, adding to the glory, religious merit, status, prosperity and line of the family.* (translation of a shloka from *Ashutunga Hridaya*)

Children are valuable. Not only to continue family lines, they are much needed to help with house-hold chores, look after younger ones, add to income and be extra hands at farm-work. By indigenous socialist tradition, people in rural areas live in communities where children are needed to exchange social commitments and to socialise. *Brother is needed to support sister, and sister to tie raakhi on brother's wrist...*

Generally, children are felt to be assets, not burdens. For a woman especially, children are determinants of her status. A woman with many children is privileged and valued, but woe to the woman who has no children or only girls, for she must face ridicule and persecution.

Addressing basic needs of children, like food, health-care and education is crucial. Failing this, we let them carry irreparable damage into adulthood.

Our children constitute about one third of India's total population. About half of them suffer from malnutrition which increases the severity of other problems affecting their health and development. According to the national statistics,

*Out of every thousand children born, 80 infants die before completing a year.* (Registrar General of India, 1991)

In quite a few of the communities surveyed in our study, the IMR is closer to 200 per thousand births! Many factors are involved, including the clash of tradition and modernity in economic terms.

Lack of favourable stimulation and emotional outlet in early childhood leads to unexpressed, unexplored and underutilised potential through the rest of life. A lot of a child's development depends on the introduction s/he gets to the world, especially the way she is held, cared for and cherished by all around. The social and physical environment determine much of a child's personality and learning capacity.

Information was collected on practices related to oil massage and cleaning, applying *kaajal* in eyes, giving fluids, initiating soft foods, caring for baby-clothes and giving toys to young children.



## What do women say about massage of a baby?

Massage is traditional in most parts of India. Usually an infant is massaged daily up to about six months. It is supposed to strengthen the body, clear the skin and improve body structure and shape. It fosters closeness between baby and mother, or with whoever massages. Herbal oils are used for the baby-massage which are listed in table 12.1.

Table 12.1: Oils and herbs used for baby massage

(Key: ✓ = women report, - = Don't report, \* = text-mentioned, □ = not text-mentioned)

Oil and herbs	BIH	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* mustard	✓	-	-	-	✓	✓	-	✓	-	✓	✓	6
* ground-nut	-	✓	-	✓	-	✓	-	-	-	-	-	3
* gingelly (sesame)	-	-	-	✓	-	-	✓	-	✓	-	-	3
* coconut	-	-	✓	-	-	-	-	-	✓	-	-	2
□ karanj	✓	-	-	-	-	-	-	-	-	-	-	1
□ turmeric & radathally	-	-	-	✓	-	-	-	-	-	-	-	1
□ ground-nut, heated with ajowain	✓	-	-	-	-	-	-	-	-	-	-	1
□ oil heated with garlic, pepper & turmeric	-	-	-	-	-	-	-	✓	-	-	-	1
□ oil and turmeric	-	-	-	-	-	-	-	-	-	-	✓	1
□ mustard oil heated with hing, ajowain & garlic	-	-	-	-	-	-	-	-	✓	-	-	1
□ oil heated with mallige, jaagi	-	-	✓	-	-	-	-	-	-	-	-	1
□ dori oil	-	-	-	-	-	-	✓	-	-	-	-	1
□ rasi oil heated with garlic or redchai	-	-	-	-	-	-	-	✓	-	-	-	1
□ paste of <i>Daemia extensa</i> , <i>Ceph. indica</i> , <i>tuvalai</i> (?), neem & turmeric (applied after bath)	-	-	-	-	-	-	-	-	✓	-	-	1

Two types of oils are used for baby massage • pure oils like coconut, mustard or ground-nut • oils mixed or heated with herbal substances.

Massage oils depend on local availability and vary with season and

local climate. The herbs added are believed to promote growth and make the skin strong and healthy.

Mustard oil is the most commonly reported, used in six states which form a northern belt. Ground-nut, gingelly (sesame) and coconut are next, used by women in the western and southern states.

Women prepare herbal oils at home both from traditional knowledge and from their experience of sustaining the health and growth of infants. Oils are used for treating and preventing certain illnesses. For instance mustard oil is heating and in cold weather or climates, it is useful to prevent colds and coughs. Oil treated with *ajowain* (seeds of bishops weed) is useful when the baby has belly pain. A number of herbs used in the oils were strange to us, and others unnamed, so we are unable to comment.

**Method of baby massage:** In each region, women have their own postures and 'touches' for massage. They describe how they do it.



*Keep baby flat on the lap and massage.*

\* first keep baby flat on the lap and massage face, chest, hands and legs; then turn it onto its belly and massage the whole back and \* scalp; lastly, pour oil into the ears, and exercise the limbs.  
(Bihar, Rajasthan, Madhya Pradesh and Uttar Pradesh)

\* first pour oil over the soft spot on top of the head, then drops into nose and ears; then the baby is massaged as above. (Maharashtra)

\* place baby on your extended legs and massage upward, towards its heart. (Maharashtra, West Bengal)

rub oil gently on the baby, with the first finger. (West Bengal)

knead a ball of dough and roll it over baby's body. (Uttar Pradesh)

we blow air into the newborn's ears; its mother chews dil seeds in to paste and applies it on the soft spot. We lift the nose. (Maharashtra)

Quite a few of the steps described are mentioned in the *shaastras*.

Most reported from Maharashtra, however, are not mentioned.

**Who massages the baby ?** The skill of the person who massages is important. Babies are extra sensitive to touch, and the way they are handled impacts on them deeply. Consider Table 12.2

**Table 12.2. Who massages the baby?**

(Key: ✓ = women report, - = Don't report, \* =text-mentioned,)

Person	BHR	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* mother	✓	-	-	-	✓	✓	-	✓	-	✓	✓	6
*grand-mother	✓	-	-	-	✓	✓	-	✓	✓	-	-	5
* dai	✓	-	-	-	✓	✓	-	✓	✓	-	-	5

Sometimes an aunt or elder sister will massage, but mother, grandmother and *dais* are preferred. Three factors figure in preference of a particular person to do the daily baby massage - emotional involvement, expertise and economics. The *dai* often does it for the first week (the period of *sutak*), while the mother rests and while the mother-and-baby may be regarded as polluted. The family has to pay or give something to the *dai* for it.



### What do *shaastras* say about baby-massage?

Selecting suitable oils and herbs according to the child's constitution, the season, availability and climate, s/he should be massaged daily.

*If done for fifteen minutes daily, oil massage will improve complexion and hair, will tone up the muscles and blood vessels and will soothe the whole nervous system.*

In case there is not enough time, at least put drops of oil in the ear and massage head, neck, spine and soles. This improves vision, induces sound sleep and promotes long life.

A baby's oil massage should be done in all seasons. However, take care in summer to massage lightly using cool oils, as body energy is low. Some of the pure or medicated oils used are:

in winter.....*panchaguna*, mustard

in summer.....*chandana bala*, coconut, castor for head

all seasons....*chandana bala lakshaadi*, sesame (*til*).

A warm water bath should be given in a short while after massage. Bathing should be daily, unless there is a reason otherwise.



## What do women say about application of *kaajal* in the eyes?

Applying *kaajal* ('kohl' or lampblack ointment) to the baby's eye-lid margins is said to be good for eye-health and to prevent conjunctivitis, improve vision, widen the eyes and beautify them.

Women in Gujarat, Rajasthan, Bihar, Uttar Pradesh, Madhya Pradesh and Maharashtra said they apply *kaajal* to the baby's eyes.



Women make *kaajal* at home

**Method of preparing *kaajal*:** Women make *kaajal* at home. Essentially, it is a specially prepared fine mixture of carbon soot and vaporised fat. Herbal ingredients are often burnt, yielding medicinal properties.

\* In Gujarat and Rajasthan, a wick of cotton is dipped in melted *ghee* and lighted. A vessel is held over it to collect the soot for application in the eyes.

\* In Bihar, a clean cotton cloth bag of seeds of *ajowain* (*Carum caoticum*) is soaked in mustard oil, wrapped in a certain (?) leaf and burnt. The *kaajal* is collected in a special container and then applied to the eyes.

\* In Uttar Pradesh and Madhya Pradesh, a cotton wick dipped in mustard oil is burnt and the soot collected. It is applied daily in the baby's eyes until six months of age.

□ In Uttar Pradesh, as the child grows, cloves, *ajowain* seeds, turmeric powder and *neem* leaves are used to prepare *kaajal*.

□ In Rajasthan *kaajal* is prepared with castor oil.

□ In a part of Madhya Pradesh, a cotton wick is first soaked in *bhangra* (*Eclipta alba*) juice and dried, then burned with *ghee*. Before applying the *kaajal*, it is further mixed with some *ghee* and camphor.

□ From a part of Maharashtra, women said that goat's droppings are to be burnt together and castor oil are burnt together, and the soot applied as *kaajal*.

□ In Madhya Pradesh, Gujarat and Rajasthan women often use *kaajal* bought from the market. In Karnataka, Tamil Nadu and Bihar women said they do not apply *kaajal* to a baby's eyes, and from Orissa and Kerala no information was sent.

Obviously, applying *kaajal* to children's eyes is wide-spread. Western health professionals have scorned this practice. That women in five states did not provide information indicates its partial disappearance.

*Applying kaajal is supposed to be harmful, causing eye infections and injury to the cornea. But women feel it prevents eye infections, cleans the eyes and improves eyesight. The shastras concur with women's views.*

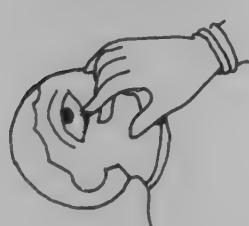
The western view is nothing but negation of Indian women's voices and experience. As far as we know, there is no research that proves pure *kaajal* to be harmful to infants. Ambivalence about *kaajal* is an example of a contradiction issued out of the western framework of thinking.

Commercialisation is evident. Women from three states say they buy *kaajal* from the market, although it can be made at home at little cost, and bought *kaajal* may be adulterated or contaminated. Allopathic doctors are rightly concerned about hygiene and careful application. But women have been applying *kaajal* to the eyes of babies for generations.



### What do *shastras* say about applying *kaajal* ?

Homemade *kaajal* is healthy for the eyes and beautifying for the child. It is applied carefully inside and along the eye rims, and must be absolutely clean and pure (*shuddh*).



*Preparing kaajal at home:* Use a cotton wick in a lamp with a vegetable oil or melted ghee. Collect the soot on the bottom of a vessel, preferably a copper vessel filled with cool water. Rub it with oil and pure honey to form a paste. Apply it with a clean and gentle finger to the

*Apply with clean and gentle lower eyelid on each side.  
finger to the lower eyelid.*

Besides *kaajal*, the texts describe the preparation and use of various other herbal preparations that are to be used as *anjana* (eye applications).



### What do women say about giving water to the infant?

In Indian tradition, along with the sun, water is a source of life. It is essential to quench thirst. But, because many infant deaths are due to

contaminated drinking water, western science discourages giving water to breast-fed babies in poor countries. Most Indian women follow their own wisdom. Consider Table 12.3

**Table 12.3 Giving water to an infant**

(Key: ✓ = women report, - = Don't report, \* = text-mentioned, □ = not text-mentioned)

Giving water	BHR	GUJ	KAR	KER	MAH	MP	ORI	RAJ	TN	UP	WB	TOT
* water is given	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	10
□ from first day, mixed with honey	-	-	-	-	-	-	-	-	-	✓	-	1
□ within week of birth	-	-	-	-	-	✓	-	-	-	-	-	1
□ after 3 months, 2 glasses, 1 to 3 tsp at a time	✓	-	-	-	✓	-	-	-	-	-	-	2
□ 10 to 20 drops some add sugar or <i>jeera</i> (cumin)	✓	-	✓	-	-	-	-	-	-	-	-	2
□ usually not; or only a small amount lest it cause cold	-	-	-	-	-	✓	-	-	-	-	-	1
□ after 6 months	-	-	-	-	✓	✓	-	-	-	-	-	1
□ between birth to 3 months	-	✓	-	-	-	-	-	-	-	-	-	1
□ starting varies from 3rd month to 1 year	-	✓	-	-	-	-	-	-	✓	-	-	2
□ starting varies from just after birth to six months	-	-	-	-	-	✓	-	-	✓	-	-	2
□ after 2 to 3 months, water with <i>pataasa</i> (sugarcake) or jaggery	-	✓	-	-	-	-	-	-	-	-	-	1
□ plain water not given; rice-bran	-	-	-	-	-	-	✓	-	-	-	-	1
□ boiled water, 2-3 drops to half a cup	-	-	-	-	-	-	-	✓	-	-	-	1
□ water when solid foods started	-	-	-	-	-	-	-	-	✓	-	-	1
□ if child cries, does not take breast-milk	✓	-	-	-	-	-	-	-	-	-	-	1
total	4	4	2	-	3	5	2	2	4	2	1	

In all ten states except Kerala women said they give water to babies, but the time of giving the first drops or a drink varies vastly, from a few hours after birth to one year of age. In actual practice, initiation of water-feeding and the amount also depends much upon local climate and season, and the child's demand.

Out of fifteen variations, only 'giving water when the baby does not take breast-milk' finds reference in the texts.

To us it seems the traditional practices of giving water to infants do not seem harmful, with due attention to purity of the water source. Consciousness is reflected in the practice of giving boiled water, plain or with substances like *jeera* or turmeric, which takes care of the delicate digestive system of the baby.

### What do *shaastras* say about baby's need for water?

Give water to a child when signs of thirst are observed, as pronounced in a *shloka*:

*Refusing breast-milk, the infant's cry is thin, its lips and palate dry, its soft spot sunken, and weakness appears - the child needs water.*

Giving too much or too little water causes disorders like appetite loss and indigestion. A small amount of water maintains *agni* (gastric fire). Boil the water and store it in a clean vessel.

### What do women say about toys for young children?

Our survey looked at toys superficially, with regard only to toy materials and age of the child. In fact, India has a rich tradition of toys, simple and complex, as well as storytelling and other forms of make-believe. Are these toys,

*rattles for noise, colourful things to look at and grasp, something to teethe on, to wave and bang, toys on wheels, dolls or animals, little household utensils, wheels to roll (*chakri*), sticks and pegs (*guli danda*), sling-shots, marbles, bows and arrows, swords and shields or stilts to walk tall?*

Whether a toy is hazardous or not, depends not only on the material, but on the age of the child, the context and the nature of the particular toy.

Women in nine states mentioned giving toys to children from the ages of six months to six years. In five states, some said they don't give toys to children at all, or perhaps they don't recognise some things as toys.

Table 12.4 Toys for an infant

(key: \* =text-mentioned, □ = not-text mentioned)

Material	Age	State
□ clay toys	1-1/2 year	KER, MAH,
	3-5 years	BIH, WB,
	2 years	RAJ, GUJ, ORI
*wooden toys	3-5 years,	KAR, GUJ, WB
	1-1/2 year,	RAJ, MAH
	6-9 months	BIH, ORI
□ plastic toys	3 years,	MAH, ORI
	2-4 years,	RAJ, KAR
	5 years,	BHR
	above 6 months	GUJ
	3-4 months	WB, RAJ
*cloth toys	1 year	BIH
*bamboo toys	4-6 years	BIH

We couldn't learn *what* toys are given to children and *why*, yet the data gives a glimpse into some ideas people have about toys-and-children. It is not clear whether toys are given purposefully for a child's cognitive development. But one thing is certain, that often women give a child a toy to play with so she can work or sleep peacefully! Care is taken to avoid toys likely to injure the child.

Toys to avoid	States
□ bamboo	BIH, TN
□ glass	BIH, GUJ, RAJ, MAH, TN, WB
□ iron	BIH, TN
□ wood	BIH, GUJ, RAJ
□ stone	BIH, MAH
* sharp-edged	KAR
* heavy	MAH
* clay	GUJ, RAJ, TN,
□ (no toy)	MP, TN, RAJ, UP, KAR
□ Red or green	GUJ
□ cloth tied	
□ cooking/eating utensils	GUJ

### What do *shastras* say about toys for infants?



The child's 'first toy' should be made from flour of cereals, mixed with milk, curds, *ghee*, honey and cow's urine (*gau-mutra*). A special ceremony

should be performed around the sixth month to give the child this toy. Animals and other shapes are prepared. The first toy the child handles indicates his likes and dislikes. This toy is for once only. Afterwards, wooden, cotton and woolen toys should be suitable ...

*colourful, musical, pleasing, light, large, soft, smooth and of a variety, not sharp or rough, nor very small, colour not toxic to lick or chew, nor fearful in face or shape...*



## What do women say about cleaning an infant's clothes ?

Clothes-cleaning is done not only for cleanliness, it has cultural meaning as well. Cleaning and drying of infant-clothes is done with extra care and watchfulness against harm. It is widely believed that a child's clothes can be used by someone, usually a woman who do not have children, to cast a spell making the baby fall sick or die. So the clothes are guarded with sharp eyes while drying...

- \* In all eleven states women use warm water and soap to wash the baby's clothes.
- In Karnataka, Madhya Pradesh and Maharashtra, women wash the clothes with soap-nut powder.
- In Maharashtra, black soil is used, too.
- In Bihar, women use 'sticky mud' or they boil the clothes in ash.
- In Madhya Pradesh women use ashes of *chidchida* (*Achyranthus aspera*).

The use of ordinary soap is alright if it is affordable, although caustic and non-biodegradable detergents are good for neither baby nor environment. Clothes washed with strong soaps or detergents may irritate the delicate skin.



## What do the *shastras* say about cleaning baby's clothes?



The *shastras* say that simply washing the infant's clothes well in lukewarm water and drying them over heat or in sunlight is enough.





## What do women say about starting semi-solid foods?

In many communities, starting foods other than breast-milk is not directed by a conscious tradition. It happens naturally when the child reaches out for food, or when, given a piece of *roti* to play with and chew on, it swallows bits rather than spitting them out.



Initiation of semi-solids may follow *anna praashana sanskaara*.

At times, the initiation of semi-solids may follow the *anna praashana sanskaara*, which is discussed in the previous chapter.

Consider Table 11.5 which lists the period when women begin to give solid foods to the infant.

**Table 12.5 Time of beginning solid foods**

(key :  = text- mentioned, \* = not text-mentioned)

Practice	State	Remarks
<input type="checkbox"/> at 1 year	KER, RAJ, MP, GUJ,	late, Milk may not be sufficient
<input type="checkbox"/> between 2 & 4 months	GUJ	early- harms the digestive system
* from 7th month to 1 year	WB, RAJ,	can be useful
<input type="checkbox"/> at 2 years	MAH	too late
<input type="checkbox"/> girls : 4th month	MP, KER,	discrimination
<input type="checkbox"/> boys : 5th month		not advised
<input type="checkbox"/> when child start to walk	MP	too late

Women in eight states, except Kerala, Gujarat and Orissa said they start other feeds besides breast-milk when the baby is around six months of age. Only in Madhya Pradesh, Kerala and Gujarat are soft foods started before the sixth month. At times, as reported from Madhya Pradesh, Maharashtra, Karnataka, Tamil Nadu and Rajasthan, extra food may be delayed as long as one or even two years.

Although not in focus of the study, other evidence shows that by breast-feeding without any other feeds for the baby, a woman can prolong the period before her next conception and child-birth. The baby's sucking activates her body's nerve-and-hormone network which links the breasts, pituitary gland (in her head) and egg-producing ovaries (next to her womb).

Hence, if she breast-feeds 'completely', pituitary hormones stop egg-production so she cannot conceive, and her menstrual periods also don't come for a long time, or they are irregular. But in view of the poor nutritional status of most women, who may not be producing enough breast-milk for a baby above seven months, it is imperative to strike a balance between the fertility and nutritional requirements.

Let us not overlook the discrimination in starting solids reported by women from Madhya Pradesh and Kerala. Girls are given solids in the fourth and boys in the fifth month. Girls are breast-fed for a lesser duration to make the woman free to conceive a male child sooner!

**Foods for the baby:** Traditionally, no special efforts are made to prepare baby-food. Basically, whatever is cooked or prepared in the house is given to the baby. Table 12.6, however, lists foods preferred for the baby.

**Table 12.6 Local traditional baby-foods**

(key: \* =text-mentioned, □ = not-text mentioned)

Age/period	Foods	States
□ 3-4 months	porridge, kanji	TN
□ 4-6 months	sooji halva, khichadi & rice	BIH, WB
□ 6-9 months	chapati, rice, wheat raab, maize, pulses, vegetables semi-solid rice & rava soft rice, potato, daal, puffed rice moistened with milk or water	BIH, WB
	water, fruit juice, daal, vegetables, rice & cow's milk	WB
	raagi soup, rice, pulses, vegetable soup soups of pulses & vegetables; later rice	KAR
	idli, rice, kanji porridge, etc.	UP
	raagi & jaggery banana powder	TN
	chapati soaked in milk or daal; then dalia & khichadi	KER
		MP
□ 4 months onwards	all foods cooked in the house	BIH, WB, RAJ
	rice paste, rice	WB
	wheat flour cooked in milk, chapati, khichadi, vegetables	GUJ
	ghee, jaggery & roasted wheat flour	RAJ
	'til 1 to 1 1/2 yrs	
□ during teething	biscuits	BIH, GUJ
□ from 6 months	biscuits, farex, bread, milk & biscuits	TN, GUJ

cooked liquids, semi-liquids and soft cooked foods to the baby gradually.

In Bihar, Gujarat and Tamil Nadu, giving farex (tinned cereal) and biscuits to the baby is modern..

It is heartening to see that in most of the states, the knowledge about foods to be given to the infant is sound and tradition-oriented. The foods listed by women are staple, and therefore easily assimilated in the baby's system. However, one must not overlook the use of marketed baby food products by women in three states. Where as one realises the easy -to- use nature of these foods , it is important to note that this taxes the meager income of most people in the villages, increases the chances of contaminated foods being given to the baby and makes people dependent on companies producing such foods.

### What do *shastras* say about baby-foods?

The *shastras* suggest introduction of solids according to the three stages. • *ksheer-apa*.....liquids, primarily breast-milk, • *ksheer-annaada*..... diet of cereals and milk, • *annaada*.....bulk of diet cereals or solid foods.

(*ksheera* = milk, *apa* = water, *anna* = cereal foods)

Up to six months, children should have breast-milk alone, from six months to two years, breast-milk and soft foods, and from two to sixteen years, regular nourishing foods.

A small child's diet should be sweet, nourishing and strengthening. Goat's or cow's milk, butter and *ghee* should be a regular part of children's diet. The food should be fresh, warm and well-balanced, in moderate quantity and at the appropriate time.

The diet needs modifying according to the child's constitution, its' state of health, the season of the year, and local conditions. According to the season, the diet should be...

<i>varsha</i> (rains) -----	light, nutritious, hot, dry
<i>sharad</i> (autumn) -----	sour, cold, <i>ghee</i> instead of oil
<i>hemant</i> (early winter) --	without restrictions
<i>shishir</i> (late winter) --	pungent, bitter, astringent, hot, limited in quantity; fat-rich
<i>vasant</i> (spring) -----	sweet, sour, salty
<i>grishm</i> (hot summer) ---	sweet, cooling, plentiful fluids

Meals should be fresh, light, warm and dry, avoiding left-overs. Also,

Meals should be fresh, light, warm and dry, avoiding left-overs. Also, avoid an excess of oily, dry, heavy, hot, sour, and pungent foods. In summer, except sweet-tasting food, all the other tastes (sour, bitter, astringent, spicy and salty, taste indicating properties of food) should be included in small or moderate quantities. Fluids are to be included as water, *rasam*, *daal*, milk, buttermilk and so on.

## What do *shastras* say about emotional care of the baby?

An important part of people's traditions, the *shastras* comment:

Gentleness in movement, handling and speech is very important. From the earliest days, people around should speak to the child using soft and pleasing words. One should not awaken a child suddenly nor rudely disturb her when engrossed in play or fantasy, lest she become timid. Likewise, one should not irritate, or the child may become irritable. One must not be rough or jerky, lest the child become possessed with fear.

*One's child should be fondled and all its demands fulfilled until the age of two years. Gradually and suitably one disciplines from two to sixteen years of age. After children complete sixteen years, one should behave with them as friends.*

## Women bring-up...

Traditional child-care practices generally enhance interaction between the child and other humans and foster the child's growth and development...

Although women have knowledge, wisdom and capability to nurture children, modern health education often aims at destroying local traditions. Examples are applying *kaajal* and giving water to infants. Increasing commercialisation, has brought powdered infant foods, soaps and detergents, ready-made *kaajal* benefits none other than industries.

We have been unable to deal sufficiently with the psychological and emotional care of infants. One knows that traditional practices are embedded in social structures. There are so many other practices we haven't touched yet, like talking to the baby, rocking the baby in a swing and singing lullaby's, story-telling, keeping the baby close and fondling, and so on.

Attempts are needed to document and study all such practices to help young people especially not to forget them, and to make them stronger.

# CHAPTER - XIII

## LOOKING BACK TOWARDS THE FUTURE



Swimming through the immense information gathered in this eleven-state study was an oceanic task. Considering the varied data in the context of women-centred community health care, we may have overlooked or misinterpreted some facts, some practices, even cultures. We hope we will be corrected, and others will contribute their perspectives towards future work.

Indeed, through collection of data on local 'MCH' practices, we have amassed numerous items of folk health care. Yet we have barely begun to encompass the essence of child-bearing in rural and tribal communities. Traditions are part of cultural and socio-economic contexts. Out of their context, people's practices have no meaning, no existence.

Women's views of health and child-bearing expressed to us are realistic, holistic and cultural. The practices they have reported are down-to-earth and helpful in many aspects of child-bearing. They deal with both physical and emotional needs.

Social class and caste discrimination and the subordination of women, while not a focus of the study design, occasionally peeks through and sometimes glares out at us from the data. It reflects in the desires and cravings in pregnancy, the preference for sons, pollution of labour and child-birth, the shabby treatment of *dais*, persecution of 'barren' women, and so on. All this, despite women's healing touch.

When women heal others in roles of mother, aunt, grand-mother, mother-in-law, sister-in-law, and sister (not always meaning biological relations) they carry immense knowledge about health care inseparable from life and culture.

In scope, this book includes the healthy processes surrounding child-bearing and birth. Women reported practices encompassing confirmation of pregnancy, miscarriage and abortion, care during pregnancy, assisting in child-birth, care after child-birth, breast-feeding, newborn care and infant care. In addition, here we have not been able to present the insights and more than five hundred herbal remedies for dealing with and healing complications, also reported from the eleven states. The extensive data bears witness that the traditional feminine approach to mother-and-child-care is indeed remarkable for richness and completeness.

Yet, on account of culture, women healers are rarely if ever acknowledged as capable women. Women live - if we are right to call it life - with low self-esteem throughout their lives. While clearly aware and knowledgeable of many things they do not often value their skills. Whether their low self-image is a product of modern or olden times, too many women feel dumb and unworthy compared to men. *Dais* must also contend with social bias on one hand because of traditional untouchability, and with scientific bias on the other, being despised by the medical system.

The *dai* tradition of indigenous midwifery is perhaps the best example of woman-centered health care, still alive in most rural parts of India. Through it to some extent women do manage to keep child-birth within their control, a part of guarding control over their bodies. Today, it is important that *dais* be recognised and valued for their understanding and skills. Let them join other women in sisterhood and struggle. In future, we may well see *dais* playing a distinct cultural and political role in

*dalit* and indigenous peoples' liberation, to the overall health and benefit of society.

Women's local health traditions have evolved out of needs. They adapt and change according to the local environment towards which they do no harm. Self-reliant, they are friendly to life and to earthly sustainability.

The so-called 'development' surge bent on setting up industries, establishing a formal market economy and spreading institutionalised, commercialised western 'health' care has led to changes in people's tradition and practices. Things never heard of in the folk traditions or *shastras* are promoted - iron-folate tablets, leafy green vegetables, carbohydrates, fats, proteins, ante-natal care, injections, hospitals, bread-coffee, hospital delivery, sterilisation operations, milk formulas and farex, biscuits, soaps and so on and on. The dynamic adaptability of local health traditions, in fact, makes them more vulnerable to modern onslaught, and they have come to the verge of extinction.

Much of the data in this study shows that local health traditions and the *shastras* often walk hand-in-hand. Yet many traditions are not recorded in the texts: tests for confirming pregnancy, seeing dances and going out when pregnant, using herbs, massage and fumigation to terminate pregnancy, postures and exercise for child-birth, using liquor to clean hands, navel cord cutting and dressing, new-born resuscitation methods, using an earthen pot as incubator for low-birth-weight and premature babies, home-based-herbal oils to massage the baby, various techniques of preparing *kaajal* and so on. One marvels at the variations on the extraordinary practice of using the placenta and navel cord for newborn resuscitation, prevalent possibly in every state of India across language, cultural and climatic differences.

We found some remarkable things about the *shastras*. They are ancient texts, written in a strongly patriarchal social order primarily to serve the princely class. Yet certain passages occasionally reach an extraordinary level of sensitivity to women's inner physical and emotional experience of pregnancy and child-birth. Passages which describe experienced women attending child-birth and intimate signs of pregnancy and labour allow us a glimpse into the *maharishi's* sensitive attitude.

Secondly, the *shastras* are written volumes which bridge the oral and written tradition. Important information about health and medicine is codified in verse form as *shlokas* which can be remembered and recited by *vaidyas* and other people.

Throughout the study, the findings criss-cross with principles and tenets of modern medicine, at times corresponding and at other times contradicting.

**Areas of commonality were:** • emphasis on both physical and emotional wellbeing • need for increased nutritional intake during pregnancy • diet as integral to health care • child-birth managed by midwives • exercise and posture • fluids during labour • ironing the perineum • gentle child-birth • delivery of placenta • cutting the cord with locally available substances like bamboo chip or any sharp instrument • special care of the woman after child-birth emphasising on the need to rest and eat properly. • breast-feeding the baby for a long duration • home-based locally available baby foods • body massage of woman and baby.

**Areas of contradiction at both cultural and scientific level were:** • indigenous concepts of *doshas*, *dhatus* and so on • early confirmation of pregnancy (and announcing it) • heating, cooling, heavy and light qualities of foods and nutritional restrictions based on these • regulating fertility through indigenous abortion methods • cutting the navel cord late • ideas of cleanliness, purity and hygiene • placental stimulation for newborn revival. • delay in breast-feeding, and colostrum • pre-breast feeds • giving water to babies • application of *kaajal* in eyes • baby-bathing with pastes and oils • initiating foods.

Amidst these commonalities and contradictions, we must keep it in mind that *a woman matters*. When women themselves need healing, perceptions of their own health and of their 'self' within families, communities and the eco-system are important deciding factors in what action is taken. Top-down health programme formulations consider nothing more than their technical and material requirements. They need to pay attention to people's perceptions and practices, and particularly to women's healing traditions.

Geographically, we had participation from the belt of BiMaRU' states

- Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh - far behind in the development process with high maternal and infant mortality; from states in the east - Bihar, West Bengal and Orissa - rich in both non-tribal and tribal tradition and natural resources, with large pockets of poverty and high maternal mortality; from the more industrially developed western states - Gujarat and Maharashtra - with forest tribal communities less reached but threatened by modern development; from the southern states - Kerala, Karnataka and Tamilnadu - 'advanced', with good literacy levels. Both the NGO participants from Karnataka, however, work among hilly tribal communities with cultures radically different from the rest of the state. Inspite of these unevennesses, we have tried to find some patterns and make some tentative comparisons.

From the so-called 'backward' BiMaRU states and the east, the west, and Karnataka and Tamilnadu, women have provided a wealth of information on traditional practices.

Practices reported from Kerala tended to reflect the modern medical system, or else were of classical ayurvedic origin rather than of 'folk' nature. (There was only one NGO from Kerala and the feed-back may reflect this limitation.)

Women of other states tended to advise self-help techniques while Kerala's women were quicker to mention medical services.

Women from other states usually provided culture-specific information, while from Kerala it was generalised.

Even acknowledging biases of NGO distribution, the orientation of data collectors and *vaidya* 'validators', the question remains,

*Why is there such a clear-cut difference?*

Could it be, that the more 'development' there is, the less is people's touch with their own cultural tradition of self-reliance in health care? This leads us to reconsider remoteness vis-a-vis development and further questions like,

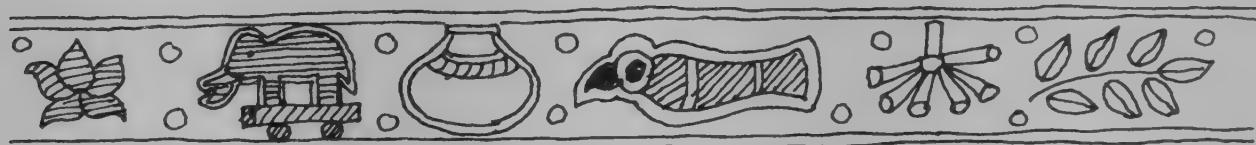
*What do we mean by 'development'?*

*What sort of development do we need?*

*How does development influence culture, and people?*

In this study, to some extent we see that women living in remote areas are able to provide more traditional information than women living nearer cities. Wherever formal health care services are available and accessible, women resort to them and the number and quality of traditional practices lessen. The dominating development model gives scant benefits to people, especially to the poor and far-flung. Yet, at the same time, it outright suppresses traditional knowledge and skills. Huge technological and non-ecological measures put so many people mid-way where 'modern' life is out of reach yet the roots down into the past are cut.

Held up to the *shastras*, we find local health traditions in woman's hands often to be more dynamic and suited to local situations. Indeed, folk practices sometimes here and there seem to be a step ahead. And they are not 'alternatives' from the people's point of view. Their essence is what they have always known, and what they build on...



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## ABOUT THE AYURVEDIC TEXTS THAT WE REFERRED TO DURING THIS STUDY

Information about women's diseases *stri roga*, pregnancy and child-birth *prasuti tantra*, child health and children's diseases *bal roga* is contained in nearly all of the fifty-odd major *shaastras of ayurveda*. However, these topics are rarely discussed separately, but rather scattered throughout whole texts.

In this study, we chose to take help from the *Charaka Samhita*, the *Sushruta Samhita* and *Ashtang Hridaya*, written by *Maharishi Vaaghbhata* which is the compiled and simplified version of these two *Samhita* or treatises.

The *Charak Samhita*, written around five thousand years ago by *Maharishi Charaka*, is *ayurveda*'s classic 'text-book of medicine'. It is built upon three pillars, *hetu* (cause), *linga* (signs and symptoms) and *aushadha* (medicine) which constitute *tri-sutra ayurveda*.

The *Sushruta Samhita* was written subsequently by *Maharishi Sushruta*, who was a great physician and surgeon. Although known as the classic 'textbook of surgery', this treatise contains insight and extensive details about most areas of medicine, including *prasuti tantra* or midwifery. It describes and presents *ayurveda* in eight parts, or *asht-anga ayurveda*.

The *Ashtaanga Hridaya*, or the 'heart with eight parts' is a comprehensive simplified compilation and commentary written near about 3000 years ago by *Maharishi Vaaghbhata*

Other manuscripts are also available which describe in detail about *stri roga* and *prasuti tantra*. In fact one of them, the *Kaashyap Samhita* is known as 'the textbook of paediatrics'. *Ashtang sangrah*, *Haarit Samhita*, *Shaarangdhar Samhita* and the numerous *Nighantu* which largely describe about medicinal plants are some of the other major texts which would provide more insight in to the subject.

Scholars believe that the trend of specialisation in a particular field started when *Charaka Samhita* was written and attained a high level with documentation of *Sushrut Samhita*. Later on, as one can see that by the time *Ashtaanga Hridaya* was written, the emphasis on specialisation reduced and *ayurveda* was studied in its totality.

In the *Ashtaanga Hridaya*, mother-and-child health is discussed in a unified manner under the heading *baala chikitsa* and is termed *kaumarbhritya* (roughly, taking care of the child). The section begins with human body structure and function including menstruation, and proceeds to the care necessary during menstruation, conception, pregnancy, child-birth, after child-birth, and care of infants and children. To deal with the problem of not having children, the treatise delves into gynaecology or *stri roga*.

Vd. Premvati Tewari, who has written *Ayurvediya stree roga* and *Prasuti Tantra*, refers to the fact that these texts were

"...written under monarchism, wherein birth and proper up-bringing of a son as heir was very important. Knowledge of women's diseases, pregnancy, child-birth and child

child care along with treatment of disorders was to get a physically and psychologically healthy and handsome son. It appears that due to utmost importance of the child, it was made as pivot and entire physio-pathologies revolved around it...."

Let us return to the three texts. Each one of them contributed specially to the fields of our concern. The following are some of the topics discussed in each.

### **The Charaka Samhita:**

The difference in the male and female pelvis; the process of menstruation and Conception; foetal growth and nourishment; *dauhridya* (desires of women with two hearts); the stretch marks (*striae*), miscarriage; foetal complications (*Upavishtaka, nagodar...*); management of child-birth; care after child-birth, *yoni-vyaapata* (gynaecological disorders); wet-nursing and disorders of breast-milk.

### **The Sushrut Samhita :**

Special details of the female reproductive system, and the types and management of obstructed labour are described. Also, in addition to all the topics discussed by *Maharishi Charaka*, it explains

- the function of *mahabhoota* in development of embryo ● effect of diet of the woman on the body and complexion of the foetus ● use of meat soup in the fourth month, *gokshuru* in the sixth month and *basti* in the eighth month of pregnancy ● social and philosophical discussions including issues of class and caste, meaning of life,etc.
- *Maithuna* (coitus) and its effects depending on physical and psychological state;
- rituals to get a fair-complexioned child or a son (*putreshti yagna*) ● the sources of *pancha-mahabhuta* and different body parts evolving from these ● essential factors for conception
- changing features of woman throughout pregnancy ● month-wise diet and other care ● treatment of infected umbilical cord, diseases due to improper cutting of the cord ● eight breast-milk disorders ● diagnosis and treatment of *asrigdara* (genital bleeding) ● principles of surgical procedures to be used in gynecological disorders like womb prolapse
- abnormality of *beejansha* (something like chromosomes) and birth of *vandhya, varta* (congenital infertility) ● the distinction between *garbha-straava* (early miscarriage) and *garbha-paata* (later miscarriage), month-wise regimen for its prevention ● *garbha vridhhi* (intra-womb growth) and *garbha kshaya* (growth retardation) ● advice for inducing abortion in case of unbearable complications in the woman (like toxemia) ● construction of a birthing room with different woods according to the woman's caste ● diagnosis and management of *garbha sanga* (obstructed labour) ● manual removal of retained placenta;
- the care of woman after child-birth ● *makkal shool* (pain in the belly after child-birth) and *rakta vidradhi* (tumor and sepsis) ● menstrual problems like *aartava-kshaya, aartava-vridhhi, nasht-aartava* and other disorders of *aartava, yoni arsha* (piles and polyps in the genitals) and *stan-vidradhi* (breast abscess).

### *Astang sangraha and Ashtanga hridaya :*

In Vaaghbata's two works, *Ashtanga Sangraha* and the *Ashtanga Hridaya*, he made the following additions in his compilation:

1 determination of female or male child with coitus on odd or even days 1 effect of habitat, season, occupation, and color of *shukra* (semen) on body complexion of progeny; 1 presence of *dauhridya* within 45 days of conception; appearance of *fromraji* (body hair on woman during pregnancy) 1 effect of a vitiating diet on the foetus 1 detailed description of miscarriage and its management 1 use of animal skin spread over the cot during labour 1 bath of the woman after child-birth 1 *raksha-karma* on the sixth night after child-birth; causes and management of genital prolapse 1 *ulbaka* (disease due to ingestion of amniotic liquid) 1 breast-feeding, weaning and vitiated breast-milk.

Further minute comparisons and differences in the texts could be drawn. Suffice it to say that, for our purposes, these three classic texts, or *shastras*, complement each other and together deal with mother-and-child health in virtual entirety. This was the focus of concern of this study as it was originally conceived and designed.

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## ABBREVIATIONS

### Terms, persons and organisations

ANM -	Auxiliary Nurse Midwife
CHEITNA -	Centre for Health Education Training and Nutrition Awareness
CHEITAN -	Child-centered Heath Education - Innovations in Training and Networking
Dr-	Doctor
FRCH -	Foundation for Research in Community Health
FYP -	Five Year Plan
GIDR -	Gujarat Institute for Development Research
ICRW -	International Center for Research on Women
IHP -	Indigenous Health Practices
IMR -	Infant mortality Rate
ISM -	Indigenous system of Medicine
LHTs -	Local Health Traditions
LSPSS -	Lok Swasthya Parampara Samvardhan Samiti
MCH -	Maternal and Child Health
MMR -	Maternal Mortality Rate
Mr-	Mister
MTPs -	Medical Termination of Pregnancy
NGOs -	Non Government Organisations
NIHFW -	National Institute of Health and Family Welfare
PHC -	Primary Health Care
TBA -	Traditional Birth Attendant
Vd. -	Vaidya
VGKK -	Vivekanand Girijana Kalyan Kendra

### States

BIH -	Bihar
GUJ -	Gujarat
KAR -	Karnataka
KER -	Kerala
MAH -	Maharashtra
MP -	Madhya Pradesh
ORI -	Orissa
RAJ -	Rajasthan
TN -	Tamil Nadu
UP -	Uttar Pradesh
WB -	West Bengal

## GLOSSARY OF TERMS AND CONCEPTS

### Persons, places, seasons and social terms

<i>adivasi</i> -	original inhabitant, member of an indigenous tribe
<i>aathmasa</i> -	premature baby, born in the eighth month
<i>balutedaari</i> -	system of twelve caste - based trades and services ( <i>baara balutedaar</i> ) in Maharashtra
<i>bahu prasuta</i> -	given birth to many children
<i>basauda</i> -	bamboo - weaver
<i>basti</i> -	dwelling; hamlet
<i>bhagat</i> -	a faith - healer
<i>chamaar</i> -	a leather-maker
<i>churail</i> -	witch
<i>chandala</i> -	merciless person, care-taker of crematorium
<i>daakin, daayan, dain</i> -	witch
<i>dai</i> -	traditional midwife, within the <i>jajmaani/balutedari</i> systems
<i>dalit</i> -	oppressed people
<i>devta</i> -	God
<i>fakir</i> -	ascetics constantly on the move, <i>sufi</i> or muslim saint
<i>ganga</i> -	referring to water of any sacred river, usually Ganges
<i>greeshma</i> -	the hot summer season
<i>hakim</i> -	physician of <i>unani</i> system of medicine
<i>hemant</i> -	early winter season
<i>jajmaani</i> -	a system of trades and services by castes in traditional north Indian society
<i>Jagori</i> -	a documentation and training centre in New Delhi; India
<i>Kaashi</i> -	Varanasi, sacred ancient city on banks of river Ganga
<i>kshatriya</i> -	people from the warrier class; hindu class system
<i>kshudra</i> -	people from the opressed class; hindu class system
<i>Makar sankranti: uttarayan 14<sup>th</sup> jan.</i>	celebrated as kite flying day, marks the end of winter season
<i>Mithila</i> -	a town in Bihar famous for women artisans and art style
<i>maa</i> -	mother
<i>maama</i> -	mother's brother
<i>naana</i> -	mother's father
<i>naai</i> -	barber; a caste of hair - cutting and beard - keeping trade
<i>nair</i> -	a brahminical community in south India
<i>nazar</i> -	vision; eye
<i>ojha</i> -	a faith healer
<i>prasuti griha</i> -	home for child - birth
<i>raakhi</i> -	a decorative band; sister ties it on brother's hand
<i>ritu</i> -	season; there are six: <i>hemant, shishir, vasant, greeshma, varsha, sharad</i>

<i>sadhu</i> -	ascetic, saint, who has renounced worldly attachments
<i>satmaasa</i> -	premature baby, born in the seventh month
<i>sharad</i> -	the autumn season
<i>shishir</i> -	late winter season
<i>suin</i> -	<i>dai</i> ; traditional birth attendant
<i>soliga</i> -	a tribe in B. R. Hills; Mysore; Karnataka; India
<i>thakurs</i> -	landlord
<i>vaidya</i> -	physician of <i>ayurveda</i>
<i>vaishnava</i> -	people from the merchant class; hindu class system
<i>vasant</i> -	the spring season

### Language, texts and systems

<i>Ashtaanga Hridayam</i> -	ayurvedic compendium by Vaaghbata, in eight parts
<i>baala chikitsa</i> -	ayurvedic discipline of paediatrics, including pregnancy, concerning the foetus; one of the eight parts of <i>ayurveda</i>
<i>bengali</i> -	regional language of West Bengal
<i>bhoot vidya</i> -	knowledge of supernatural powers
<i>Charaka Samhita</i> -	ancient 'text of medicine' by Charaka
<i>daiva vaypashraya</i> -	treatment through Gods/supernatural powers
<i>chikitsa</i> -	
<i>gujarati</i> -	regional language of Gujarat
<i>hindi</i> -	official national language of India, with english; largely spoken in north Indian states
<i>kanada</i> -	regional language spoken in Karnataka
<i>malayalam</i> -	regional language of Kerala
<i>marathi</i> -	regional language of Maharashtra
<i>oriya</i> -	regional language of Orissa
<i>panchkarma</i> -	ayurvedic therapy; includes <i>snehana</i> , <i>swedana</i> , <i>vamana</i> , <i>virechan</i> , <i>basti</i>
<i>prasuti tantra</i> -	ayurvedic discipline of obstetrics and midwifery
<i>shaashtra</i> -	scripture or text of <i>ayurveda</i> , inclusive of social and philosophic aspects, and rules for conduct
<i>shaastric</i> -	that which is related to <i>shaashtra</i> , formal
<i>siddha</i> -	an indigenous system of medicine in south India
<i>striroga tantra</i> -	ayurvedic discipline of gynaecology
<i>Sushruta Samhita</i> -	ancient 'text of surgery' by Sushruta
<i>tamil</i> -	regional language of Tamil Nadu
<i>tantra</i> -	a system, similar to <i>shaashtra</i>
<i>varna</i> -	sects in the hindu society
<i>veda</i> -	ancient compilation of knowledge of which <i>ayurveda</i> is part

### Traditional and ayurvedic concepts

<i>aahaara</i> -	food or diet
<i>aavi</i> -	labour pains
<i>abhaynaga</i> -	body massage

achhoot-	untouchable
agni -	fire; the fiery element in the body; digestive power
amla -	sour, one of six tastes, along with <i>madhur</i> (sweet), <i>lavan</i> (salty), <i>katu</i> (pungent), <i>tikta</i> (bitter), <i>kashaya</i> (astringent), having specific functions in health
annaada -	preschool age; child eats cereals
anulomak -	which directs downwards
anuvaasan basti -	<i>panchkarma</i> therapy; giving medicated oils through rectum
apaan vaayu -	type of <i>vaayu</i> ; seated in body's lower part
ardhadhaara -	a semicircular surgical instrument; for cutting
asthapan basti -	<i>panchkarma</i> therapy; giving medicated decoction through rectum
ayurveda -	science of life, a formal indigenous medical system
basti -	hollow organ; <i>panchkarma</i> therapy to subside <i>vaayu</i>
beeja -	seed
bruhaneeya -	which nourishes
chaari -	disease of newborn, similar to low - birth-weight babies
chakri -	that moves in circles
chaulai -	Amaranthus <i>Gangeticus</i> ; <i>A. mangostanus</i> ; <i>A. paniculatus</i>
choti kholna -	open the plait; symbolises 'release'
chua choot -	pollution
chula -	indigenous cooking stove made from mud
daani -	one who gives, generous; a quality bestowed in the womb
dauhrida -	desires or cravings in pregnancy, or 'two hearts'
dauhridini -	a 'woman having two hearts' as in pregnancy
dhaatu -	body-sustaining elements constituted from the five <i>mahabhoota</i> ; the seven <i>dhatu</i> : <i>rasa</i> (chyle), <i>rakta</i> (blood), <i>maansa</i> (flesh), <i>meda</i> (fat), <i>asthi</i> (bone), <i>majja</i> (marrow), <i>shukra</i> (semen, vitality)
dhaatri -	a woman who breast-feeds other's children
dhavdavu -	breast-feeding
dhooni -	fumigation therapy; after child-birth a woman squats over glowing coal and herbs
dhoopa -	dry heat fomentation; same as <i>shek</i>
deshi -	indigenous
dosha -	literally 'fault' or which contaminates; <i>vaata</i> , <i>pitta</i> and <i>kafa</i>
dravya guna -	properties of substances; a section of <i>ayurveda</i>
eruvathi yetta kettuga -	tying on the twenty - eighth day; a ceremony for the newborn
ganth -	a mass; lump
garbha-alasyam -	miscarriage
garbha straava -	oozing of the foetus; miscarriage in the initial stages when the products of conception are in a fluid state.
garbha paata -	dropping of the fountus; miscarriage in later stage when products of conception have solidified.
garbh upghatkar bhaava	factors that destroy the foetus

<i>garbhaashaya-</i>	womb
<i>ghada-</i>	an earthern pot
<i>graha-</i>	planets; literally - to hold
<i>graahi-</i>	which accepts, grasps; astringent
<i>guli-danda-</i>	game played with a small stick- <i>gulli</i> and a bat- <i>danda</i>
<i>guna-</i>	literally, qualities: herbal/nutritional/physical/mental: totalling forty - two, determining the effects of herbs, foods and actions.
<i>hava pani na lage-</i>	avoid direct touch of air and water
<i>hridaya-</i>	heart, the traditional place of mind and emotions.
<i>indriya-</i>	senses and sensory organs
<i>jaata karma -</i>	a ritual performed for the wellbeing of newborn
<i>jaraayu -</i>	amniotic sac
<i>jeeva -</i>	life
<i>kaajal -</i>	soot applied on lower-inner eyelid line
<i>kachra -</i>	waste
<i>kachha ghada phootna</i>	breaking of earthern pot; miscarriage
<i>kafa -</i>	a <i>dosha</i> ; the watery or cooling aspect in the body, of five types: <i>avalambak</i> , <i>bodhak</i> , <i>kledak</i> , <i>shleshak</i> , <i>tarpak</i>
<i>kafa subsider -</i>	which subsides/reduces <i>kafa</i>
<i>kafa vardhak -</i>	which increases <i>kafa</i>
<i>kallo-</i>	practice to speed child-birth; pushing on the abdomen
<i>kanni-</i>	a disease of the newborn
<i>kshaya-</i>	depletion, reduction of elements in the body
<i>ksheerapa-</i>	infancy; child consumes milk, water and other fluids
<i>khseerannada-</i>	toddler; child consumes milk and cereals
<i>kuan poojan-</i>	worshipping the well; a ritual after child-birth
<i>kukshi -</i>	abdomen; womb
<i>krimighna -</i>	which destroys germs & worms
<i>laghu -</i>	light, a quality of food and ...
<i>laghu panchmool-</i>	a group of five trees whose roots have simillar properties particularly to subside <i>vaayu</i> and <i>kafa</i>
<i>lavana -</i>	salt; one of the six tastes
<i>madhura-</i>	sweet, a most esteemed quality of food
<i>maika -</i>	mother's home
<i>mana -</i>	mind, emotions, associated with heart rather than brain
<i>mantra -</i>	a chanting to invoke supernatural action
<i>muhurt-</i>	specific time-period based on indigenous time calculations
<i>mundan -</i>	a ceremony to shave the head
<i>naabhi - naal -</i>	a cord to the centre; umbilical cord
<i>naadu -</i>	same as <i>naabhi-naal</i>
<i>naadi -</i>	same as <i>naadu</i>
<i>naamkaran sanskaara-</i>	naming ceremony
<i>naydo-</i>	same as <i>naadu</i>

<i>nazar utarna -</i>	ritual to ward-off evil eye
<i>oja -</i>	essense of life, extract of all <i>dhatu</i>
<i>paachak -</i>	digestive
<i>paayasam -</i>	sweet preparation with milk, cereal and dry fruits
<i>paet -</i>	'stomach', a folk term used to mean the abdominal space
<i>paet ke baal -</i>	hair from the mother's womb
<i>panchguna -</i>	having five qualities
<i>phool jhade -</i>	shedding flowers; miscarriage
<i>pitta -</i>	a <i>dosha</i> ; the fiery or heating aspect in nature; of five types: <i>paachak</i> , <i>ranjak</i> , <i>aalochak</i> , <i>bhraajak</i> , <i>saadhak</i> which subsides <i>pitta</i> , cooling
<i>pitta shaamak -</i>	which increases <i>pitta-vaayu</i>
<i>pitta vaata kar -</i>	which increases <i>pitta</i> , heating
<i>pitta vardhak -</i>	five elements constituting nature and the human body: <i>aakaash</i> (space), <i>agni</i> (fire), <i>jal</i> (water), <i>prithvi</i> (earth), <i>vaayu</i> (air)
<i>pancha mahabhoota -</i>	same as <i>maika</i>
<i>peehar -</i>	taste, lick
<i>praashan -</i>	actions to revive the newborn
<i>praana pratyagaman</i>	
<i>kriya -</i>	
<i>prabhaava -</i>	effect;
<i>prasuta -</i>	woman in labour
<i>prajaayini -</i>	woman nearing labour
<i>prakriti -</i>	nature, basic human body and mental constitution, associated with combinations of the <i>pancha mahabhoota</i> nutritive (from <i>poshan</i> - nutrition)
<i>poshak -</i>	worship, prayer, a daily or routine rite
<i>puja -</i>	umbilical cord; same as <i>naadu</i>
<i>pukkle -</i>	activity, energy, emotion
<i>rajas -</i>	<i>guna</i> or <i>prakriti</i> ; full of emotions & turbulence
<i>raajasik -</i>	chyle, lymph or plasma, one of the seven <i>dhatu</i> in body; taste
<i>rasa -</i>	a duct carrying <i>rasa</i>
<i>rasa vahika -</i>	dry and rough, a food quality...
<i>ruksha -</i>	values; religious ceremonies
<i>sanskaara -</i>	traditional woman's dress; a long cloth wrapped over the body in a special style
<i>saree -</i>	
<i>satva -</i>	essence; a quality relating to the essence of goodness, light, intelligence
<i>saatvik -</i>	<i>guna</i> or <i>prakriti</i> which enhances intelligence, light
<i>sekaic -</i>	same as <i>dhoopa</i> , <i>dhooni</i>
<i>sevapunno -</i>	boils on the skin;
<i>shakti -</i>	energy
<i>sharir ki safai -</i>	body - cleansing
<i>shashti puja -</i>	ceremony performed on the sixth day of birth

sheeta-	cooling, a quality of foods, herbs, nature
shek-	heat-fomentation
shodhak-	cleanser, which expels
shuddha stanya-	pure breast-milk
snehana-	oleation; lubrication; moisturising; <i>panchkarma</i> therapy to subside <i>vaayu-pitta</i>
snigdha-	a quality ( <i>guna</i> ): oily, moist, unctuous
stanpaan-	breast-feeding
stanya -	breast-milk
suraj puja-	ceremony to worship the sun
sutak-	a pollution which afflicts the family members during birth and death
swedana-	induce perspiration; heat therapy; <i>panchkarama</i> therapy to subside <i>vaayu-kafa</i>
tama, tamas -	ignorance, darkness, resistance
tatva -	element, connoting a property or properties like a <i>guna</i> and <i>prakriti</i> which is dull
taamasik -	
thali -	a metal plate
tikshna-	sharp; a property of substances
upasthit prasava -	woman in labour
ushna-	hot; heating
var -	same as <i>naadu</i>
vaayu -	the windy or airy element ( <i>dosha</i> ) in the body; five types: <i>apaana praana</i> , <i>samaana</i> , <i>udaana</i> , <i>vyaana</i> ; which increases <i>vaayu</i>
vaayu vardhak -	which gears <i>vaayu</i> towards its path
vaatanulomak -	
vamana -	vomiting; <i>panchkarma</i> therapy to expel <i>kafa</i> ; disease
vyaapat -	
vedana -	pain, physical or emotional
vihaara -	actions, activities
virechana -	purgation; <i>panchkarma</i> therapy to expel <i>pitta</i>
vrushya -	which increases sexual desire and is nutritive
yoni pichu -	a cotton swab placed in vagina

### Herbs, foods, substances and their preparation

amba-	mango; a goddess
aam -	mango
aak; aakdo -	<i>Calotropis procera</i>
aasava -	femented herbal decoctions
abhaya -	<i>Terminalia chebula</i> ; a herb; primarily purgative
agnimanth -	<i>Premna mucronata</i> ; same as <i>arni</i> ?
ajaari -	a herb to enhance lactation; not understood
ajowain -	<i>Carum caoticum</i> ; pain killer and <i>vaayu</i> - subside
aleeva -	<i>Linum usitatissimum</i> ; Linseed

amlaki, aanyla, aamla-	Emblica officinalis, Indian gooseberry, has five <i>rasa</i> except salt; has extra ordinary qualities
amarooda-	Psidium guava; guava
amrit-	nectar
ananta -	gold; name of a grass
anaar -	Punica granatum; pomogranate
angoor-	Vitis vinifera; grapes
arappa marunnu-	a herbal preparation; not understood
arni-	Premna mucronata ?
arishta -	fermented herbal decoctions
arushkara -	Semecarpus anacardium; marking nut
ashwagandha-	Withania somnifera, a small shrub; aphrodesiac.
atimanjari -	same as <i>tulasi</i>
baajari -	Pennisetum typhoideum; pearl millet
bad/vata -	Ficus bengalensis; sacres; national tree
badi -	<i>moong</i> or <i>udid</i> daal, is cruhed; spices added; made in small cones, dried and stored; consumed as curry
bael/bilva-	Aegale marmelos; three-leaved tree; fruit astringent, cooling, used to worship lord Shiva
baigan -	Solenum melongena; brinjal; aubergine; egg plant
bala -	Sida cordifolia, a strength-promoting shrub
banti -	local millet
ber -	Indian berries; Zizyphus jujuba, jujube fruit
beedi -	tobacco rolled in a leaf, for smoking
besan -	flour of <i>chana</i> , with many uses
bhaakar -	simillar to <i>roti/chapati</i>
bhangra -	Eclipta alba; known for promoting hair - growth
bhendi -	Abelmoschus esculentus (ladies finger, okhra) or Hibiscus cannabinus
bhoj patra -	Betulia utilis; used as paper for writing
buru -	a type of sharp grass
chana -	Cicer arietinum, bengal gram or chick - pea
chapati -	same as <i>roti</i>
charua -	not understood
chavli -	Dolichos catiang; fingerbeans
cheek -	first milk before breast - milk
chidchida -	Achyranthus aspera; prickly chaff flower
chuluki -	a fish; identity not understood
chuthana -	not understood
daal,dal -	broken legume or pulses; cooked and consued like a soup
dalia -	broken wheat
doodhbora -	a herb to enhance breast - milk; not understood
dori -	a herb; not understood

dhatura -	Datura metel; poisonus; could be used after de-toxification
deshi daaru -	indigenous liquor
dudhuli -	herb to enhance lactation; not understood
dudh halinda -	a herb to enhance lactation; not understood
eranda -	Ricinus communis; castor plant
durva -	grass; cynodon
faalsa -	Grewia Asiatica; a sweet and sour, violet berry
fanas -	Artocarpus integra; jackfruit
gambhari -	Gemelina arborea
gairika, geru -	red ochre, a kind of clay
gaumutra -	cow's urine; sacred; purifier
ghee -	clarified butter fat, considered pure and strengthening
gilka -	sweet gourd; a vagetable
gometh -	a herb; not understood
gorakh chinch -	Adansonia digitata; fruit resembles tamarind; sweet
gugulu -	Commiphora mukul
gundra -	a herb; not understood
halidada -	a herb to enhance breast - milk; not understood
halva -	a sweet dish; wheat flour or sooji roasted with ghee, cooked after adding sugar, water and milk
harde -	Terminalia chebula; herb known for its laxative effect
hareera -	after-child-birth herbal drink
hing/hingu -	Ferulla narthex; asafoetida
idli -	steamed cakes made out of fermented rice and <i>udid daal</i> flour
itkata -	a grass
jaagi -	a herb; not understood
jagerry -	indigenous sweetner prepared by boiling sugarcane juice and cooling it in moulds
jeera -	Cuminum cyminum; spice
jeevanti -	Leptadenia reticulata; useful for vision and lactation
jowar -	Sorghum vulgare; a millet, staple food in western India
jatiphal / jaiphal -	Myristica fragrans; nutmeg
kadhi -	sour soup prepared by boiling butter milk and flour
kalisalavu -	not understood
kanji -	rice gruel
kanke -	not understood
kapiththa -	Feronia elephantum; Elephant or wood-apple
karanj -	Pongamia pinnata; <i>kanaji</i>
karela -	bitter-gourd; Momordica charantia
karonda -	Carissa carandas; a sour fruit
karaayal -	a dish prepared by boiling <i>moong daal</i> pakoras in a curry ?
kasha -	type of grass
katera -	a local millet in Panchmahals,Gujarat

<i>kathar-</i>	Artocarpus integra; <i>fanas</i> ; jackfruit
<i>katunimba-</i>	same as <i>neem</i>
<i>kaya lehyam-</i>	lickable prepared with asafoetida &spices
<i>kela -</i>	<i>Musa sapientum</i> ; banana
<i>khajoor-</i>	<i>Phoenix sylvesteris</i> , date-palm, dates
<i>khas khas-</i>	<i>Papaver somniferum</i> ; poppy seeds; astringent; nutritive
<i>kheer-</i>	milk porridge
<i>khekdy-</i>	crab
<i>khichadi-</i>	rice and pulses cooked together
<i>khirni-</i>	<i>Mimusops hexandra</i> ; sweet, yellow coloured fruit;
<i>kombadi rassa-</i>	chicken or hen-soup
<i>kovai-</i>	<i>Cephalandra indica</i> ;
<i>ksheer baladi taila-</i>	<i>Sida cordifolia</i> , cow's milk and oil boiled together
<i>ksheeri vruksha-</i>	latex-secreting trees
<i>Kulath -</i>	<i>Dolichos biflorus</i> ; horse gram; a pulse
<i>kulya -</i>	not understood; crab ?
<i>kusha-</i>	a type of grass
<i>kushtha taila -</i>	<i>Saussurea lappa</i> boiled in oil
<i>kutaki-</i>	<i>Gentiana kurroo</i>
<i>kuzuhu-</i>	sour porridge eaten in Tamil Nadu
<i>laddu-</i>	sweet balls of rice, <i>sooji</i> , wheat or bengal gram flour
<i>laghu panchmoola-</i>	a group of five trees whose roots have a specific property of subsiding <i>vaayu</i>
<i>lapsi-</i>	sweet dish prepared with broken wheat
<i>lavana -</i>	salt
<i>laxmana -</i>	name of a herb; not understood
<i>mahu -</i>	<i>Madhuca indica</i> ; liquor and flowers popular among tribals
<i>matar -</i>	<i>Pisum sativum</i> ; green peas; a legume
<i>makai -</i>	<i>Zea maize</i> ; corn or maize
<i>malai -</i>	milk-cream
<i>mallige-</i>	a flower; not understood
<i>manjishta-</i>	<i>Rubia cordifolia</i> ; blood purifier, cooling
<i>mashi -</i>	charred powder of certain herbs or foods
<i>masoor-</i>	<i>Lens esculenta</i> ; lentils
<i>methi -</i>	<i>Trigonella foenum graecum</i> ; fenugreek seeds
<i>moori-</i>	puffed rice
<i>moong-</i>	<i>Phaselous mungo</i> ; green gram
<i>moong daal -</i>	broken green gram; cooked and eaten as soup
<i>musali -</i>	<i>Asparagus adscendens</i> ; nutritive
<i>naachani -</i>	<i>Elusine coracana</i> ; same as <i>raagi</i>
<i>naariyal -</i>	<i>Cocos nucifera</i> ; coconut
<i>neem -</i>	<i>Azadiractha indica</i> ; margosa tree; abundantly grwn and used by people in India

<i>nirgundi perpam-</i>	Vitex negundo; used for fomentation; painkiller
<i>pab-</i>	not understood; prawn ?
<i>paatla -</i>	<i>Stereospermum suaveolens</i>
<i>parval</i>	<i>Trichosanthes anguina</i> ; snake-gourd
<i>pataasa -</i>	sugar - powder - cake; cooling
<i>pej-</i>	rice gruel
<i>peepal -</i>	<i>Ficus religiosa</i> ; sacred; worshipped and used as medicine
<i>peeyusha-</i>	nectar; first secretion, before breast-milk
<i>pipali-</i>	<i>Piper longum</i> ; a herb used for coughs; nutritive
<i>raab -</i>	gruel made with flour and <i>ghee</i>
<i>raabdo -</i>	maize-corn cooked in butter-milk
<i>raagi,ragi -</i>	same as <i>nachani</i> ;
<i>raajagra -</i>	<i>Amarahthus panniculatus</i> ; local millet
<i>radathally -</i>	not understood
<i>raikulid -</i>	a herb for enhancing lactation
<i>rakta rohida -</i>	<i>Amoora rohituka</i>
<i>rang -</i>	a herb to enhance breast - milk; not understood
<i>rasam -</i>	thin drink prepared by boiling tamarind, <i>daal</i> , tomato and spices in water; food and medicinal
<i>rasi -</i>	a herb; not understood
<i>rava -</i>	<i>sooji</i> , coarse; sifted wheat flour
<i>redchai -</i>	a herbal reparation; not understood
<i>rohit fish -</i>	a type of fish; <i>rohu</i>
<i>roti -</i>	wheat dough rolled in a circle; flat and roasted on hot iron plate
<i>rui -</i>	same as <i>aak</i> , <i>aakdo</i>
<i>saariva -</i>	<i>Hemidesmus indicus</i> ; same as <i>upalsari</i>
<i>sama -</i>	a local cereal
<i>sambhar -</i>	cooked vegetables and pulses; same as <i>daal</i>
<i>sarvagandh -</i>	a group of fragrant trees
<i>singhaada -</i>	<i>Trapa bispinosa</i> , an aquatic plant
<i>sitaphal -</i>	<i>Annona squamosa</i> ; custard-apple
<i>sallava marundu -</i>	not understood
<i>sarala -</i>	<i>Operculina turpethum</i> ; Indian jalap
<i>sarjarasa -</i>	<i>Shorea robusta</i>
<i>sarvi -</i>	a herb to enhance lactation; <i>Asparagus</i> ?
<i>sathawa -</i>	a herb; not understood
<i>shahtoot -</i>	<i>Morus nigra</i> ; mulberry; ripe fruits are sweet-sour.
<i>shataavari -</i>	<i>Asparagus racemosus</i> ; a lacy creeper with tuberous roots; stimulates milk production
<i>sheera -</i>	same as <i>halva</i>
<i>shekapai -</i>	not understood
<i>shinshapa -</i>	<i>Dalbergia sisoo</i>
<i>shingada -</i>	a fruit; <i>Trapa bispinosa</i> ; dried, powdered and used as flour; nutritive

<i>shinda-</i>	a herb; not understood
<i>sidhu-</i>	a type of wine
<i>sivri-</i>	a herb; not understood
<i>shyonaaka-</i>	<i>Oroxylum indicum</i>
<i>sua-</i>	<i>Peucedenum graveolens</i> ; dill seeds;
<i>sundakai-</i>	<i>verbascifolium</i> species
<i>taad-</i>	palm-fruit
<i>taila-</i>	oil
<i>takra-</i>	butter-milk; churned curds or yogurt
<i>thanduleeyaka-</i>	<i>amaranthus</i> species
<i>thuli-</i>	broken wheat
<i>til-</i>	<i>Sesamum indicum</i> ; Sesame or gingelly seeds
<i>tonde-</i>	not understood; <i>Cephalandra indica</i> ?
<i>tulasi-</i>	<i>Ocimum sanctum</i> ; sacred plant; used for destroying germs
<i>tuvar-</i>	<i>Cajanus indicus</i> ; Pigeon pea
<i>tuvarai-</i>	a herb; not understood
<i>urad;udid-</i>	black gram; <i>Phaselous roxburghii</i>
<i>upalsari-</i>	<i>Hemidesmus indicus</i> ; <i>saarivaa</i> , cooling; blood purifier
<i>ushna-</i>	hot, heating
<i>utkayat, utkanto-</i>	<i>Echinops echinatus</i> ; grows in desert and dry places
<i>vekhanda-</i>	<i>Acorus calamus</i> ; sweet flag
<i>vellai poonai kaachi-</i>	herb to test for pregnancy (tamil)
<i>vanaspatti ghee-</i>	hydrogenated vegetable oil
<i>yashtimadhu-</i>	<i>Glycrrhiza glabra</i> or licorice, sweet-tasting
<i>yavaagu-</i>	a thick rice gruel





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